

DAMIEN FOUNDATION INDIA TRUST



ACTIVITY REPORT 2024

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FOREWORD



The year 2024 has been an extraordinary chapter in DFIT's journey a year defined by challenges, resilience and achievements. This Activity Report narrates a period during which our team's dedication and solidarity shone brightly amidst adversity.

The delay in the renewal of FCRA approval and budget constraints posed significant operational challenges. Despite these hurdles, our staff exhibited remarkable commitment, continuing services for nine months without salaries.

Their extraordinary dedication ensured that all key targets were achieved, enabling us to reach our objectives and sustain our mission. I am deeply grateful for the moral support and guidance provided by our Chairman and board members, whose leadership inspired and fortified our efforts. The unwavering support of Damien Foundation Belgium and the Belgium Embassy also played a crucial role, with the Embassy facilitating connections to Belgian companies in India for CSR support. These partnerships, along with the generous CSR contributions from various companies, were instrumental in maintaining essential services across our projects.

A special note of gratitude goes to Sheshasayee Paper Mills, Erode, whose generosity ensured the continuation of our palliative care services in Polambakkam. Without their support, this vital program would not have been possible.

A highlight of the year was the mid-term evaluation of the EKFS project in Jharkhand, which affirmed the quality and impact of our work, meeting expectations and highlighting the effectiveness of our initiatives. This achievement serves as a testament to the dedication and expertise of our team.

As we look to the future, sustaining DFIT's activities will require continued efforts in mobilizing local resources. We are confident that with the solidarity of our team and the unwavering support of our stakeholders, we can overcome these challenges and continue making a meaningful impact.

On behalf of DFIT, I extend heartfelt thanks to our entire team, board members, Damien Foundation Belgium officials, Belgium Embassy, CSR partners and all individual donors. Your belief in our mission and your invaluable support have been the cornerstone of our success in 2024.

With gratitude and hope for the future.

Dr. M. Shivakumar
Secretary

INTRODUCTION

Damien Foundation India Trust (DFIT) is a non-profit organization committed to the prevention, treatment, and rehabilitation of individuals affected by Leprosy and Tuberculosis (TB) in India. With steadfast support from Damien Foundation Belgium, DFIT plays a vital role in strengthening disease control efforts across the country.

DFIT delivers comprehensive leprosy and TB services through its own projects and by collaborating with government health programs and local civil society organizations. The foundation's work extends beyond medical treatment, emphasizing early diagnosis, disability prevention, rehabilitation, and community awareness to combat stigma and ensure sustainable health outcomes.

DFIT's journey began in 1955, when it launched its first leprosy control initiative in a remote village in South India. Over the decades, the organization has expanded its scope, integrating TB control in 1998 to address the growing public health challenge. Today, DFIT operates across seven states, directly or indirectly reaching a population of 179.75 million people.

At its core, DFIT is driven by the mission to deliver high-quality care to individuals affected by leprosy and TB, while fostering strong partnerships with the government, healthcare institutions and grassroots organizations. By working in synergy with national and State health programme, DFIT continues to make a meaningful impact in the fight against these diseases, ensuring that those in need receive timely and effective care.



Saint Fr.Damien



Late Dr.Claire Vellut



Our Vision

To reach and serve persons affected by Leprosy or TB, medically and socially.



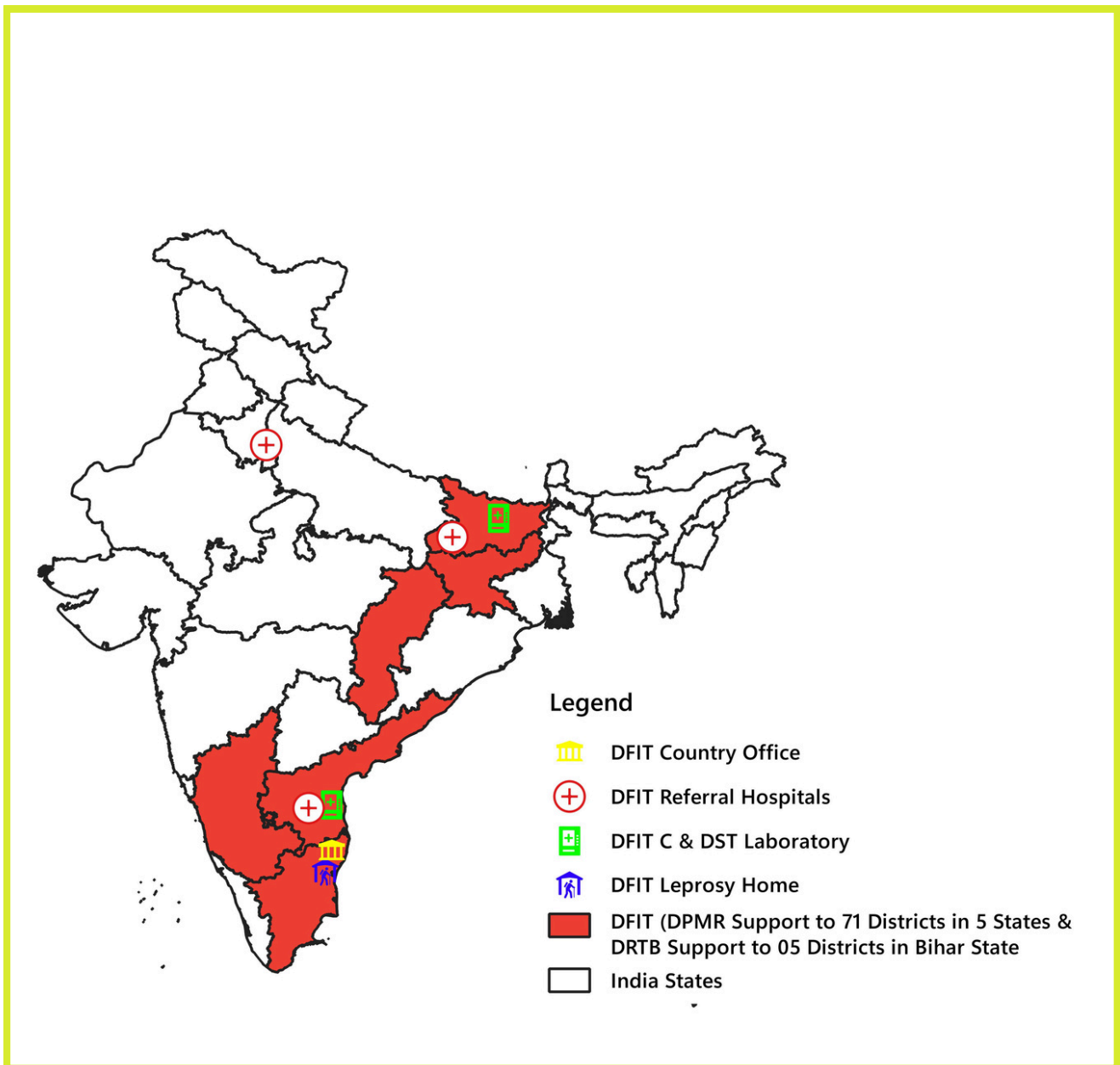
Our Mission

Damien Foundation India Trust offers quality services, both medical and social, to people in need, either directly or through NGO's, Civil Society Organisation and Government.

Project Locations

State	Project Name
Andhra Pradesh	Damien Foundation Urban Leprosy and TB Research Centre, Nellore
	DPMR support in Nellore Urban
Bihar	Model Leprosy Control Unit, Dehri on Sone, Rudrapura, Rohtas district
	Damien TB Research Centre, Darbhanga
	DPMR Support in 23 districts
	DPMR & DRTB support in 5 districts
	ILEP coordination
Chhattisgarh	DPMR support in 12 districts
Delhi	Margaret Leprosy and TB Hospital, South West Delhi
Jharkhand	DPMR support in 12 districts
Karnataka	DPMR support in 4 districts
Tamil Nadu	Anandapuram Rehabilitation Centre, Polambakkam, Chengalpattu district
	DPMR support in 12 districts

DFIT IN INDIA



PROJECT STRATEGY & IMPLEMENTATION

Implementation of Leprosy and TB Control Activities

Throughout the year, Damien Foundation India Trust (DFIT) implements comprehensive leprosy and tuberculosis (TB) control initiatives across multiple states in India. DFIT's approach integrates medical intervention, disability prevention, rehabilitation and capacity-building, ensuring a holistic response to these diseases.

Key Areas of Intervention

1 Specialized Referral Centers for Leprosy and TB Complications

DFIT manages three specialized referral centers dedicated to treating complications arising from leprosy. These centers offer:

- Advanced Medical Care
- Ulcer Management
- Reconstructive Surgery
- Disability Prevention

Additionally, two of these centers provide specialized treatment for drug-resistant TB (DR-TB) and other critical cases.

2 Reference Laboratories for Drug-Resistant TB (DR-TB) Control

To enhance diagnosis and treatment of DR-TB, DFIT operates two state-of-the-art reference laboratories in Andhra Pradesh and Bihar. These labs play a vital role in:

- Early detection of DR-TB
- Drug susceptibility testing
- Monitoring treatment response

This significantly strengthens national TB control efforts.

3 Expert Teams for Disability Prevention

DFIT has 13 expert teams working across 68 districts to prevent disabilities among leprosy-affected individuals. Their efforts include:

- Field-based screenings
- Early intervention programs
- Physiotherapy sessions
- Community awareness campaigns

These initiatives help reduce the risk of permanent disabilities caused by delayed treatment.

4 Rehabilitation Home for Elderly Persons Affected by Leprosy

DFIT runs a dedicated rehabilitation home in Polambakkam, Tamil Nadu, offering long-term care to elderly individuals affected by leprosy. This facility provides:

- Shelter and medical care
- Physiotherapy and psychosocial support
- Livelihood opportunities

This ensures a dignified and independent life for its residents.

5 Comprehensive Medical and Social Rehabilitation

Leprosy and TB-affected individuals, especially those with disabilities, require both medical and socio-economic rehabilitation. DFIT has developed context-specific strategies to address these needs effectively:

Medical Rehabilitation

- Training individuals with leprosy-related disabilities in home-based self-care techniques
- Facilitating reconstructive surgeries (RCS) to restore mobility and function
- Providing chronic ulcer care through specialized hospitalization services
- Training family members, community volunteers and ASHA workers to support self-care practices

Socio-Economic Rehabilitation

- Supporting income-generating activities to empower individuals financially
- Assisting in housing construction and renovation to improve living conditions
- Providing educational assistance to children from affected families
- Offering nutritional supplements to enhance overall health and recovery

Transforming Lives, Building an Inclusive Society

By integrating medical expertise, rehabilitation programs and socio-economic support, DFIT continues to transform lives, fostering a more inclusive and stigma-free society for individuals affected by leprosy and TB.



HUMAN RESOURCES

The human resource team is the backbone of Damien Foundation India Trust (DFIT), playing a vital role in achieving its mission.

In 2024, DFIT had a total of 147 staff members, with:

- 90% dedicated to program and technical support
- 10% managing administration and finance

During the year:

- 14 new staff members joined DFIT
- 22 staff members were relieved due to project completion or personal reasons

Staff Classification

DFIT staff are categorized into three key groups based on their roles:

- Program Staff - Responsible for implementing DFIT's projects
- Program Support Staff - Providing technical and operational assistance
- Administrative & Finance Staff - Managing finance, logistics and administration



The table and pie chart below provide a detailed classification of DFIT's workforce.

Classification of Staff		No:of Staff
Programme Technical Staff	Doctors	6
	Paramedical Staff	55
	Lab Technicians / STLS	14
	Staff Nurse	6
	Microbiologist	3
Programme Support Staff	Communication and Public Engagement	1
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	47
Total		132
Administration & Finance	Total Administration and Finance Staff	15
Grand Total		147

ANDHRA PRADESH

DAMIEN FOUNDATION URBAN LEPROSY AND TB CENTRE, NELLORE

The Damien Foundation Urban Leprosy & TB Centre (DFUL&TC) is a dedicated healthcare facility located in the urban area of Nellore, within the Potti Sri Ramulu Nellore district of Andhra Pradesh. Operated directly under the Damien Foundation India Trust (DFIT), this centre plays a pivotal role in providing specialized leprosy and tuberculosis (TB) services to the local community.



DFUL&TC has been at the forefront of disease control efforts since its inception, launching its leprosy services in 1993 and later expanding to include TB services in 1998. Over the years, the project has continued to evolve, adapting to the changing healthcare landscape while maintaining its core mission of delivering high-quality diagnostic, treatment, and rehabilitation services.

Referral Services & Reconstructive Surgery for Leprosy

Following the integration of leprosy services into the general healthcare system, DFUL&TC has remained committed to its role as a referral centre for leprosy care, particularly for managing complex cases and complications. The centre specializes in:



Reconstructive Surgery(RCS)

Restoring mobility and function for individuals affected by leprosy related disabilities.



Physiotherapy & Rehabilitation

Ensuring long-term support for patients recovering from disabilities.



Ulcer Management

Providing specialized care for chronic ulcers and physical deformities.

Recognizing its expertise in reconstructive surgery for leprosy-affected individuals, the Government of Andhra Pradesh has officially designated DFUL&TC as an RCS referral centre. This accreditation has extended the coverage of four districts: Prakasam, Kadapa, Nellore, and Chittoor, ensuring access to specialized surgical interventions for a larger population.

TB Control Services & Microscopy Facility

In addition to its leprosy programs, DFUL&TC plays a crucial role in tuberculosis control, offering a comprehensive range of TB diagnosis and treatment services. The centre houses a microscopy facility, which is essential for the early detection and confirmation of TB cases. This facility caters to a population of 1,43,008 residents in Nellore Urban, providing:

- Sputum microscopy for TB diagnosis
- Follow-up testing for TB patients undergoing treatment
- Support for drug-resistant TB management in coordination with national programs

By integrating leprosy and TB services, DFUL&TC continues to be a cornerstone of community healthcare, offering accessible, high-quality, and government-recognized medical support to individuals affected by these diseases.

Damien TB Research Centre (DTRC), Nellore

Established in 2008, the Damien Foundation TB Research Centre (DTRC) serves as a specialized wing of the Damien Foundation Urban Leprosy & TB Referral Centre (DFUL&TRC) in Nellore, Andhra Pradesh. Dedicated to the diagnosis, treatment, and research of tuberculosis (TB), particularly drug-resistant TB (DR-TB), DTRC plays a crucial role in strengthening DRTB control efforts in the region.



State-of-the-Art Laboratory & Diagnostic Services

DTRC is equipped with an advanced TB laboratory, offering comprehensive Culture and Drug Susceptibility Testing (DST) for Mycobacterium tuberculosis. The laboratory conducts both:



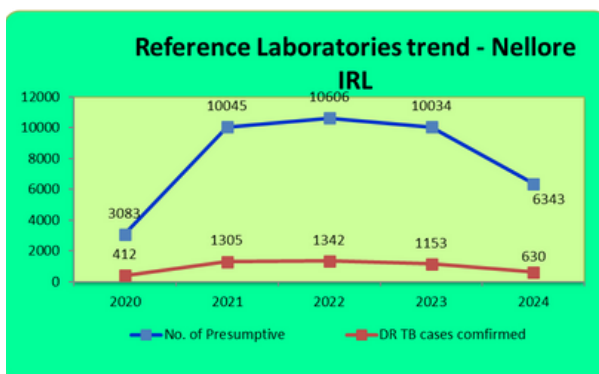
Phenotypic DST

Identifying resistance patterns through traditional culture-based methods.



Genotypic DST

Using molecular techniques for faster detection of drug resistance.



These high-precision diagnostic services ensure the early identification and appropriate treatment of DR-TB cases, helping improve patient outcomes. The centre currently provides diagnostic support across five districts, strictly adhering to national guidelines and protocols in all its procedures.

In-Patient Care & Dedicated DR-TB Wards

To cater to the specific needs of DR-TB patients, DTRC features a 7-bed in-patient facility, designed to manage severe and complicated TB cases. The centre has also established dedicated wards for patients requiring intensive medical supervision during the critical phase of treatment.

Currently, the facility primarily supports patients from Nellore district, assisting in:

- Treatment initiation for DR-TB cases, ensuring proper adherence to national TB treatment regimens.
- Management of complications associated with TB and DR-TB, including adverse drug reactions and co-morbidities.
- Close monitoring of patient progress, in coordination with national TB control programs.

Commitment to TB Research & Innovation

Beyond diagnosis and treatment, DTRC is actively involved in TB research, with a focus on:

- Improving diagnostic techniques for early detection of DR-TB.
- Assessing treatment outcomes and effectiveness of various drug regimens.

By integrating clinical care, diagnostics, and research, DTRC continues to serve as a key referral centre in the fight against drug-resistant TB, ensuring that patients receive timely, high-quality, and evidence-based treatment.

In 2024:

- 6343 presumptive Drug Resistant TB cases tested for confirmation.
- 630 Drug Resistant TB cases confirmed.

MCR footwear unit, Nellore

In 2014, a dedicated specialized footwear unit was established with the primary objective of providing high-quality, therapeutic footwear made from Micro Cellular Rubber (MCR). This initiative was specifically designed to cater to the needs of individuals affected by leprosy, particularly those with foot deformities, ensuring they have access to comfortable and protective footwear that enhances mobility and prevents further complications.



The unit has received official recognition from the Central Leprosy Division, underscoring its credibility and commitment to addressing the unique footwear needs of leprosy-affected individuals. Currently, three districts consistently procure footwear from this unit, reinforcing its role as a reliable supplier in leprosy rehabilitation efforts. Notably, in a recent procurement, the unit supplied 307 pairs of customized MCR footwear to the Nellore district, demonstrating its impact and the growing demand for its specialized products.

Beneficiaries and services provided by DFULC, Nellore in 2024

DFULC Nellore	Leprosy Services	DFULC Nellore	TB Services
Out-patients treated	4965	Respiratory symptomatic treated	3293
Skin diseases treated	1475	Presumptive TB cases examined	1309
New leprosy cases diagnosed and referred to PHCs	61	Total TB cases registered	92
Reaction cases managed	51	Total new TB cases registered	220
Reconstructive Surgeries done	11	Among them new sputum positive cases	01
Minor Surgeries done	02	Sputum conversion rate for NSP cases	42/43 (98%)
In-patients managed	168	Cure rate for NSP cases	41/42 (98%)
Bed days	2401	Sputum conversion rate for RT cases	9/9 (100%)
Protective footwear (MCR) provided	129	Cure rate for RT cases	10/10 (100%)
MCR footwear supplied to districts	307	In-patients managed	44
		Bed days	44



Before RCS



After RCS



Before RCS



After RCS

Capacity Building on leprosy:

DFIT teams played a crucial role in strengthening leprosy control efforts by organizing and facilitating a total of 15 comprehensive training sessions. These sessions were strategically designed to enhance the knowledge and capabilities of healthcare personnel at various levels, ensuring early detection, accurate diagnosis, and effective referral of leprosy cases to appropriate health facilities for confirmation and timely treatment.



Through these training programs, DFIT successfully sensitized and trained a total of 716 healthcare workers, including 251 Medical Officers (MOs), 139 National Leprosy Eradication Programme (NLEP) staff and nodal personnel, and 326 Accredited Social Health Activists (ASHAs). The participants also included Auxiliary Nurse Midwives (ANMs), Multipurpose Health Assistants (MPHAs), and medical students, all of whom play vital roles in community-based leprosy surveillance and patient care.

The sessions focused on key aspects such as early symptom recognition, proper referral mechanisms, patient counseling, and the importance of sustained follow-up to prevent disabilities caused by delayed intervention. By equipping frontline health workers with the necessary knowledge and skills, DFIT has significantly contributed to improving leprosy case detection and management, thereby reinforcing public health efforts to control and eliminate the disease.



One day training of DLATOs on leprosy and LCDC at Vijayawada.

DFIT played a key role in facilitating a one-day specialized training session on leprosy and the Leprosy Case Detection Campaign (LCDC) in Vijayawada. This session was designed to strengthen the capacity of district-level health officers in effectively implementing leprosy control measures and improving early case detection strategies.



At the request of the State Leprosy Officer of Andhra Pradesh, the training brought together 23 District Leprosy, AIDS, and TB Officers (DLATOs), along with District Nucleus Medical Officers, who are responsible for overseeing disease control programs at the district level. These officers play a crucial role in coordinating, monitoring, and executing government-led interventions for leprosy, HIV/AIDS, and tuberculosis.

The session, organized by the Government of Andhra Pradesh, focused on key aspects such as case identification, reporting, treatment protocols, and strategies to enhance the effectiveness of the LCDC. Participants were provided with updated guidelines and best practices to ensure a more efficient and integrated approach to leprosy detection and management. The training aimed to strengthen public health efforts in leprosy control across the state.



Success Story

A New Lease on Life

A 44-year-old woman from Karnataka first noticed hypopigmented patches on her skin. Concerned, she sought medical advice and was diagnosed with Hansen's disease (leprosy). She completed her treatment, but new challenges arose. She developed simple ulcers on both legs that refused to heal. Over time, the ulcers worsened, making it painful and difficult for her to walk. As her condition deteriorated, she began to withdraw from society, feeling both physically and mentally exhausted. The ulcers became larger and more painful, and despite years of treatments at multiple hospitals, she found no relief. Her family spent nearly a million rupees 10 on medical expenses, but nothing seemed to work. Despair set in as she felt there was no hope left.

Just when she was almost given up, a DFIT coordinator learned about her condition and referred her to Damien Foundation in Nellore. By the time she arrived, she could barely walk and needed a wheelchair to move around. However, at DFIT, she finally found the specialized care she needed. The medical team began intensive ulcer care, combining compression therapy with nutritional support. For four months, she received consistent treatment, and slowly, her wounds began to show signs of healing.



Before Treatment



With time and proper care, her right leg completely healed, and her left leg is now almost healed. After years of pain and frustration, she could finally walk without suffering. Now, she has regained her independence and is able to care for her legs on her own. No longer confined by illness, she is experiencing life with renewed hope and happiness. For her and her family, this journey has truly been a new lease on life.



After Treatment



BIHAR

Damien Foundation India Trust (DFIT) has been actively involved in reinforcing the leprosy control program in specific regions of Bihar since 1993, focusing on selected districts. Additionally, DFIT has been supporting the TB control program in these areas since 2003. The activities in these districts have been carried out with the support from the Belgian Government (DGD) in various phases through Damien Foundation Belgium.



In the ongoing phase spanning from 2022 to 2026, the specific objective is to enhance accessibility to leprosy referral services for individuals affected by leprosy and to improve the initiation and adherence to treatment for those affected by Drug-Resistant Tuberculosis (DRTB) in Bihar State, encompassing 28 districts for leprosy and 5 districts for DRTB.

Target group and partners

Our primary beneficiaries are the people of Bihar and DFIT's interventions aim to reach a population of 9,62,86,903 for leprosy across 28 districts and 1,92,04,519 for Drug-Resistant Tuberculosis (DRTB) in 5 districts. In the present phase (2022-26), approximately 80,000 persons affected by leprosy and around 2,000 persons affected by DRTB, along with their family members, are expected to benefit either directly or indirectly. Notably, 90% of these beneficiaries reside in rural areas.

The Government, at both the National and State levels, serves as the program owners. The State TB Officer (STO) heads the TB program, while the State Leprosy Officer (SLO) oversees the Leprosy Control Programme in the State. At the district level, the responsibility for the TB control program lies with the District TB Officer and the Additional Chief Medical Officer (ACMO) manages Leprosy Programs.

Patients receive all necessary drugs for TB/DRTB and leprosy management free of cost from the Government. Non-Governmental Organizations (NGOs) contribute support for both TB and leprosy services across various care levels, ranging from primary to tertiary care, within specific areas. The World Health Organization (WHO) serves as a technical body, supporting programs through the National TB Elimination Programme (NTEP) Consultant, while the International Federation of Anti-Leprosy Associations (ILEP) acts as a technical body through a Technical Consultant. Additionally, all Government Medical Colleges actively participate in both Leprosy and TB Control efforts.

Specific objective

The targeted outcome of this initiative is to enhance accessibility to leprosy referral services for individuals affected by leprosy and improve the initiation and adherence to treatment for those affected by Drug-Resistant Tuberculosis (DRTB) in Bihar State by the end of 2026.

DFIT aims to contribute to these changes through the following strategies

a. Strengthening leprosy referral services at Primary Leprosy Referral Centres (PLRCs) by enhancing capacity for identifying and referring difficult-to-manage cases to Secondary Leprosy Referral Centres (SLRCs) or Tertiary Leprosy Referral Centres (TLRCs) at early stages for preventing disabilities or managing complications. This involves reinforcing leprosy referral services at SLRCs by identifying and training specialists (dermatologists, physiotherapists, and orthopaedic surgeons) at the district level to manage leprosy and its complications.



Additionally, it includes reinforcing leprosy referral services at TLRCs by mobilizing patients with complications from PLRCs and SLRCs, supporting surgeons in conducting Reconstructive Surgeries (RCS). There is a significant number of patients identified for deformity correction surgeries, and addressing socio-economic rehabilitation needs is crucial in the next phase.

- b. Involving school health teams in screening children for leprosy and facilitating appropriate treatment.
- c. Facilitating access to social schemes and supporting income generation activities.
- d. Establishing a referral network within the Musahar population, an underprivileged and underserved community with a higher prevalence of leprosy. This involves engaging local volunteers from the same community.
- e. Exploring the feasibility of involving formal and informal medical practitioners in the referral system through operational research.
- f. Continuing services of the reference laboratory in Darbhanga, Bihar, for the diagnosis of Drug-Resistant Tuberculosis (DRTB).
- g. Supporting the treatment initiation of confirmed DRTB cases, addressing loss to follow-up cases through home visits, counselling patients and family members post-treatment initiation, conducting contact screening, identifying and managing Adverse Drug Reactions (ADR) and providing support for nutritional supplements and income generation activities to enhance livelihoods.

The approach to achieving these objectives will be guided by evidence-based programming, proximity to the field, participatory research, specific adjustments based on the situation and practicality.

The majority of activities aimed at TB control and leprosy were executed within the anticipated time frame. However, DFIT encountered challenges in implementing the online reporting system for leprosy. Nonetheless, there was notable progress observed across all four result areas in 2024.

For leprosy: targets were achieved for seven out of nine indicators set for the leprosy programme in 28 districts during the year 2024 i.e.,



(1) Secondary level referral centres at district level can provide services for managing complications related to leprosy

(2) Primary health centres are able to diagnose leprosy cases and refer to SLRCs for further management

(3) Reduction of disabilities among new child leprosy cases

(4) Reconstructive surgeries

(5) Follow-up services at SLRCs for post RCS cases

(6) Socio economic rehabilitation for needy persons affected by leprosy with disabilities

(7) Facilitate disability certificates for availing benefits from the Government.

In TB control: It was noted that the targets were met for all three indicators established for the DRTB program across five districts, encompassing:

(1) the commencement of treatment for confirmed DRTB cases, (2) counselling sessions conducted for all DRTB cases and their family members within 15 days and (3) regular monitoring of all DRTB cases undergoing treatment - ensuring at least one check-in every 15 days during the intensive phase and once in every three months during the continuation phase.



Effectiveness

A progressive improvement was seen in all 4 results in 2024. For leprosy: targets were achieved for 7/9 indicators set for the leprosy programme in 28 districts during 2024 i.e., 25/28 SLRCs started providing leprosy referral services from second quarter 2022 compared to the baseline (0/28).

A total of 14,237 patients across various categories were referred from PLRCs, including 5,012 presumptive leprosy cases. Among these, 2117 new leprosy cases were diagnosed and 803 reaction cases were identified and appropriately managed. Additionally, SLRCs conducted 364 skin smears, resulting in 52 cases testing positive for *M. leprae*. Furthermore, 873 patients with plantar ulcers received counselling for home-based self-care and customized footwear was provided to 349 patients.

DFIT teams visited 86% (336/390) of the health facilities at least once during the year. Among the visited 325 PLRCs referred at least one patient to SLRC during the year and they have maintained referral register and referral forms.



The DFIT teams checked 95 presumptive cases and 800 patients under MDT to ensure the correct diagnosis and management, found more than 96% were diagnosed correctly and initiated treatment.

The team visited 217 reaction patients and found 97.7% of the patients were managed correctly as per the guidelines. DFIT teams organised 5 RCS camps during the year for deformity correction surgeries. It was observed that 212 patients referred from TLRCs were registered at SLRCs.

Nerve function assessment of 86% (522/609) child cases was done by SLRCs in 28 districts. It was noted that 40/522 (7.6%) child cases were identified with nerve function impairment and reaction.

They were put on appropriate treatment to prevent disability and 17/40 patients showed complete recovery of NFI with treatment and remaining 23 cases had complete nerve paralysis with more than 6 months duration were only trained in home-based self-care and advised RCS once MDT is completed. It was observed that 22 districts reported zero disabilities among new child leprosy cases and 1.8% G2 disability among new child leprosy cases in 6 districts.

The DFIT teams identified 482 community volunteers from the Musahar community residing in 384 villages across four blocks. GIS mapping of the Musahar population was completed during the year, followed by the training of community volunteers. As a result of this intervention, 70 presumptive leprosy cases and 6 presumptive TB cases were referred to either health camps organized by the PLRC in the village or directly to PLRCs. Among these, 37 new leprosy cases and 1 TB case were confirmed and all confirmed cases were promptly initiated on treatment. The DFIT teams also supported PLRCs in organizing health screening camps at the village level in these four blocks, resulting in the organization of 43 health camps during the year. In addition to identifying new leprosy cases, 186 patients were treated for other skin diseases. The initiative aims to cover 63 villages annually through health camps.

DFIT teams identified and sensitized 110 informal medical practitioners through one-to-one clinic visits in 254 villages in two blocks and 84 % (22/26) formal medical practitioners trained on signs and symptoms of leprosy. Referral slips were provided to all medical practitioners and telephone directories were provided to formal medical practitioners. DFIT team collected information from formal and informal medical practitioners involved in the study.



It was found that 53 presumptive leprosy cases were referred in second and third quarter 2024.77 patients underwent RCS for deformity correction i.e., around 43% (344/789) of the five years target was accomplished in first 3 years period. It was observed that 26/77 of them were females and 3/77 were children. It was noted that 20% (26/131) of females and 38% (3/8) of children eligible for surgery benefited from RCS. DFIT supported 74/77 patients with transportation costs for travelling to referral centres for surgery.

DFIT facilitated 48 beneficiaries to receive livelihood support for generating income during the year of which 44 received income-generation activity; 4 received education support.

DFIT teams facilitated 935 persons affected by leprosy with disabilities to get disability certificates to avail pension and other benefits from the Government. It was noted that 895 persons availed pensions newly, among which 384/1140 persons availed benefits of other schemes.



For TB: It was observed that 370/401 (93%) of confirmed DRTB (all types) patients-initiated treatment among them 91% (226/246) were male patients and 94% (144/155) were female patients. DF teams retrieved 102 patients who were not initiated on treatment within a week and supported transportation costs to 4 patients (average of 37 days required to start them on treatment).



DF teams retrieved 11 patients taking treatment from private doctors. It was noted that 571 patients were registered in 5 districts (370 cases registered within the districts and 201 cases registered outside the districts and transferred in later). DF teams visited 95% (543/571) of DRTB patients and family members counseled within 15 days.

94% of males (351/372) and 96% of females (192/199) and risk assessment was done for all the patients visited. In total 2937 family contacts, 79% (2319) of the contacts (M: 1413 F: 905) were screened for presumptive TB among 571 patients registered.

In total, 109 (M:63 F:46) presumptive cases were identified and 105 (M:62 F:43) were tested. 25 TB cases were confirmed (20 DSTB M:13 F: 7 and 5 DRTB M:3 F: 2). DF teams collected and transported 219 samples from the residences of patients.

In total, 252 DRTB patients (M:140 F:112) were identified with one or more risk factors like low BMI, diabetes, smoking and HIV. During the year, among high-risk patients 120 patients with mild side effects were managed in concerned health facilities and 105 patients (M:49 F:56) were referred to tertiary care hospital for the management of severe side effects. DF team transported 156 sputum samples to the reference laboratory for follow-up testing.

During the year, among patients without high risk factors 55 patients were managed for mild side effects, 40 patients referred to higher centre for the management. DF team transported 167 sputum samples to the reference laboratory for follow-up testing. Treatment regimen was modified for 24 (M:13 F:9) patients due to severe side effects.

Relevance:

The relevance of the outcome is framed considering the current context and anticipated challenges within the Leprosy and TB Control Programme in the selected districts of Bihar State, India. Our activities, along with expected results,



have been collaboratively defined with stakeholders, ensuring precise targeting and maximizing effectiveness in achieving the desired outcome. Notably, there have been no significant alterations in the contextual challenges outlined in the application regarding leprosy and DRTB. A positive observation suggests the potential for establishing leprosy referral services in more districts than initially anticipated by the project's conclusion. This is due to the appointment of physiotherapists in 25 out of 28 districts. However, a key challenge lies in retaining trained physiotherapists, given the availability of other job opportunities offering more competitive salaries compared to those provided by the Government.

Sustainability:

Damien Foundation India Trust provides specialized referral services for leprosy, addressing gaps in the public sector and offers reference lab services for diagnosing and monitoring drug-resistant tuberculosis cases. This strategic approach ensures the continuity of the referral system beyond the intervention period, complemented by ongoing social benefits for affected individuals. To ensure sustained impact, it is imperative for Damien Foundation India Trust to maintain referral centres for leprosy even after the intervention concludes, possibly extending their operation for a few more years to consolidate gains and support affected communities effectively.

The strategies devised by DFIT are grounded in the current context, aiming to instigate meaningful changes in the program and propel progress towards establishing sustainable, high-quality referral services in the designated districts. Specifically for leprosy, DFIT's proposal centres are promoting the referral system. This involves strengthening referrals from Primary Leprosy Referral Centres (PLRCs) to Secondary Leprosy Referral Centres (SLRCs) and Tertiary Leprosy Referral Centres (TLRCs) for managing leprosy-related complications. Additionally, DFIT aims to establish referral services at district-level hospitals (SLRCs) to further augment the system.

It has been noted that 25 out of 28 districts are capable of providing referral services for leprosy-related complications, with 86 % of primary health centres referring challenging cases to district facilities for diagnosis and management. These activities are anticipated to maintain sustainability even after DFIT withdraws its support, as human resources remain within the system.

Regarding Drug-Resistant Tuberculosis (DRTB), Presently, DFIT concentrate on enhancing operational capacity among key staff to reduce initial loss to follow-up by tracing patients and facilitating appropriate treatment initiation, thereby minimizing death rates and loss to follow-up among DRTB patients.

These efforts are expected to survive beyond DFIT's involvement, as key program staff are permanent employees appointed by the state government.



Damien TB Research Centre Darbhanga

The Damien TB Research Centre (DTRC) in Bihar has been serving as a reference Culture & Drug Susceptibility Testing (DST) Laboratory since 2014, providing critical diagnostic and follow-up services for patients affected by Drug-Resistant Tuberculosis (DR-TB) across nine districts of Bihar—Darbhanga, Madhubani, Saharsa, Supaul, Madhepura, Samastipur, Muzaffarpur, Sitamarhi, and Sheohar. The laboratory plays a vital role in supporting the National Tuberculosis Elimination Programme (NTEP) by ensuring early and accurate diagnosis of DR-TB, enabling timely initiation of treatment.

DTRC is certified by the National Mycobacteriology Certification System under the Central TB Division (CTD), Ministry of Health & Family Welfare, Government of India, for Tuberculosis Drug-Resistance testing. The laboratory employs Line Probe Assay (LPA) for both First-Line (FL-LPA) and Second-Line (SL-LPA) Drug Susceptibility Testing (DST), ensuring comprehensive detection of resistance patterns.

Vision and Diagnostic Approach

The vision of DTRC is to ensure universal access to drug susceptibility testing (DST) for all individuals affected by DR-TB, promoting early and effective treatment interventions. Rapid identification of drug-resistant TB strains is carried out through a combination of:

- Nucleic Acid Amplification Test (NAAT) using CBNAAT (Cartridge-Based Nucleic Acid Amplification Test)
- First-Line and Second-Line Line Probe Assay (LPA)
- Liquid Culture (LC) DST for specific anti-TB drugs

These diagnostic techniques follow a stepwise approach, as outlined in the integrated DR-TB diagnostic algorithm of the National Tuberculosis Elimination Programme (NTEP).

Despite facing financial challenges during the year DTRC remained unwavering in their commitment, continuing to provide uninterrupted diagnostic services.

During this period, Innovators In Health (IIH), Samastipur, extended valuable support by donating essential consumables and batteries for power backup, allowing the lab to sustain its operations. Their timely assistance was a crucial lifeline.

Supply Chain Management and Alternative Solutions

Reagents and chemicals for Line Probe Assay (LPA) and Liquid Culture (LC) were supplied by the Central TB Division (CTD), Delhi. However, supply disruptions were experienced during the second and third quarters of 2024, specifically affecting LC reagents. In response, DTRC swiftly adapted by shifting follow-up sample testing to solid culture methods, ensuring uninterrupted diagnostic services. Fortunately, LPA reagents remained consistently available throughout the year.

Additionally, most non-critical consumables were provided by the State Drug Store (SDS) in Patna and Darbhanga. However, certain essential supplies that were not covered by the state procurement system were purchased independently by the DTRC team, ensuring no lapse in testing capacity.

Initiation of Liquid Culture-DST for First-Line Drugs

In December 2024, DTRC successfully initiated Liquid Culture Drug Susceptibility Testing (LC-DST) for First-Line TB drugs, including SIRE (Streptomycin, Isoniazid, Rifampicin, and Ethambutol) and Pyrazinamide.

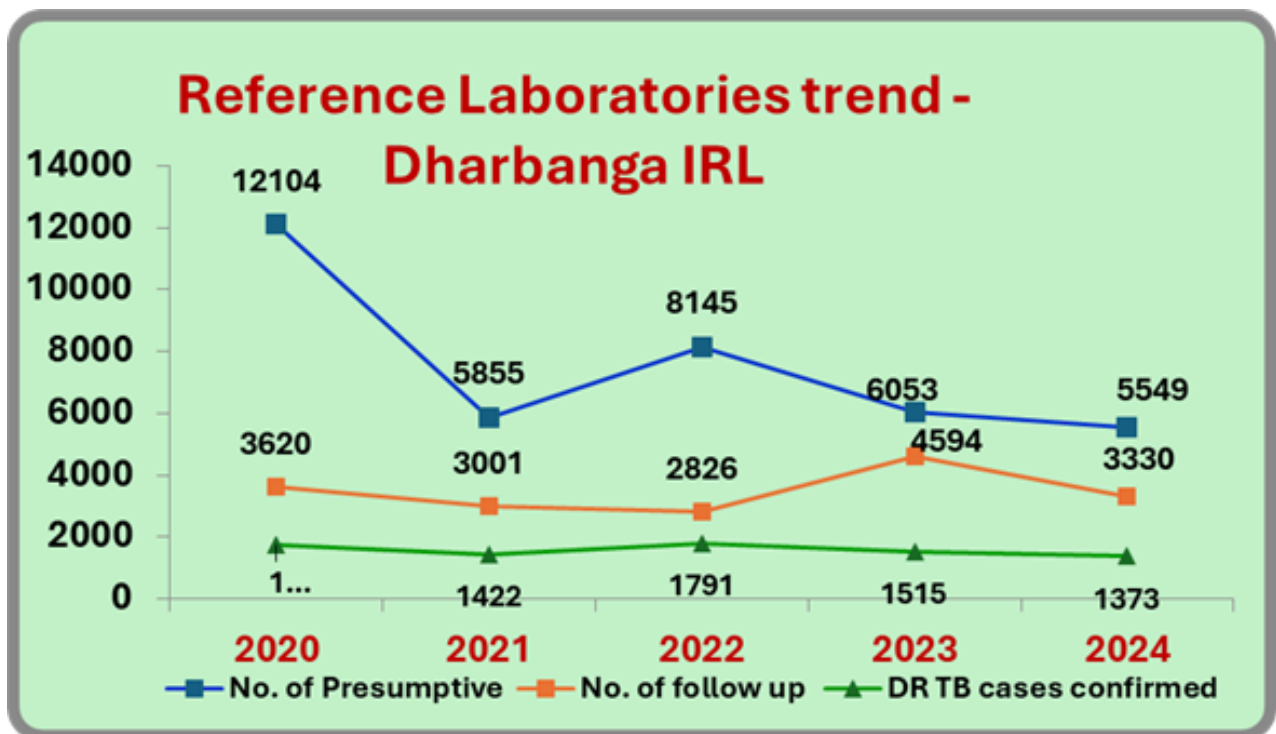
As part of the validation process, DTRC is required to:

- Process 100 DST samples with different resistance patterns.
- Submit the processed results to the National Reference Laboratory (NRL).
- Undergo Proficiency Testing (PT), where the NRL will send 20 blinded samples to assess the lab's accuracy.

Upon achieving 100% sensitivity and specificity, the Government of India will issue official certification for LC-DST services at DTRC. The proficiency testing procedures are expected to conclude by April 2025.

In 2024:

- 5549 presumptive Drug Resistant TB cases tested for confirmation.
- 1373 Drug Resistant TB cases confirmed.
- 3330 Drug Resistant TB cases tested for follow up.



Damien Foundation Model Leprosy Control Unit Rudrapura

Established in 1983, the Damien Foundation Model Leprosy Control Unit (MLCU) in Rudrapura Village, Dehri-on-Sone, Rohtas district, Bihar, was originally conceived as a specialized training centre to strengthen leprosy control efforts within the state. Over the years, the unit played a crucial role in capacity building, disease management, and patient care, becoming a vital resource for healthcare professionals and communities affected by leprosy.



In addition to its primary function as a training hub, MLCU Rudrapura also provided specialized referral services for leprosy patients, offering diagnosis, treatment, and follow-up care. As part of a strategic transition, the unit was formally handed over to the Government of Bihar in 1999 under a mutual agreement, ensuring continued service delivery within the public healthcare system.

Recognizing the persistent need for tertiary-level care for individuals affected by leprosy, the Damien Foundation India Trust (DFIT) signed an agreement with the State Health Society, Bihar, in 2012. This collaboration aimed to introduce medical interventions, bridging critical gaps in specialized treatment. A Memorandum of Understanding (MoU) was signed to further enhance the existing infrastructure, allowing the facility to function as a referral centre for reconstructive surgery, ulcer care, and medical services other complications due to leprosy.



Today, MLCU Rudrapura is one of only two referral centres in Bihar offering comprehensive tertiary-level care for individuals affected by leprosy. Through its ongoing efforts, the centre continues to restore mobility, dignity, and quality of life for countless individuals, reinforcing its commitment to leprosy elimination and patient rehabilitation across the state is one of the 5 pillars of zero leprosy transmission by 2027.

Beneficiaries and services provided by Dehri-on-Sone, Rohtas in 2024

Dehri-on-Sone, Rohtas	Leprosy Services		
Out-patients treated	3759	Reconstructive Surgeries done	54
Among them skin patients treated	3657	Minor surgeries done	01
New leprosy cases diagnosed and referred to PHCs	72	In-patients managed	146
Reaction cases managed	50	Bed days	3290
		Protective footwear (MCR) provided	122

Before Surgery



After Surgery



Coordination of ILEP Activities in Bihar

The International Federation of Anti-Leprosy Associations (ILEP) was established to coordinate and strengthen global efforts in combating leprosy. It plays a crucial role in supporting medical, scientific, social, and rehabilitation initiatives, all aimed at enhancing the well-being of individuals affected by leprosy.

To ensure effective collaboration and communication, an ILEP member is designated to coordinate efforts among various partners, particularly in close partnership with government agencies. Additionally, ILEP extends its support through a technical consultant at the state level, whose primary role is to enhance the implementation of leprosy programs and facilitate coordination among ILEP partners within the state.

ILEP Coordination in Bihar

The Damien Foundation India Trust (DFIT) serves as the coordinating body for ILEP activities in Bihar, overseeing efforts to strengthen the National Leprosy Eradication Programme (NLEP) and ensure effective program execution.



Supervision, Monitoring, and Field Visits

- In 2024, the NLEP Consultant conducted visits across 23 districts to oversee supervision, monitoring, and training activities.
- Observations and feedback from these visits were shared with the State Program Officer, Civil Surgeons, and other officials to facilitate necessary corrective actions.
- The Consultant also accompanied the State Program Officer on a visit to Muzaffarpur district to address various NLEP-related challenges.
- In September 2024, the Consultant participated in an assessment visit alongside the Central Monitoring Team from CLD, evaluating the implementation of the Leprosy Case Detection Campaign (LCDC) across four districts.
- The assessment covered District Leprosy Offices, Primary Health Centres (PHCs), and a sample of patients, with meetings conducted involving the State Leprosy Officer (SLO), Civil Surgeons, National Medical Advisors (NMAs), health staff, ILEP partners, and WHO officials.

Training and Capacity Building



- Seven training-cum-review sessions were facilitated for Medical Officers and NLEP staff, with 14 Medical Officers and 63 paramedical and NLEP staff participating.
- Two 2-day Physiotherapist and DNT Re orientation training cum review Meetings were conducted at The Leprosy Mission (TLM), Muzaffarpur, in March 2024, with participation from 49 attendees across all 38 districts.

State-Level Coordination and Review Meetings

- Six NLEP State Coordination Meetings were held in 2024, facilitating collaboration between ILEP partners, WHO, and State Government Officials to review and plan program activities.
- The NLEP Consultant participated in:
 - Three NLEP Review Meetings chaired by the Joint Secretary of Health, MoHFW, DDG Leprosy, and RLTRI.
 - One meeting with the Regional Director to review NLEP activities in Bihar.
 - Two meetings with the Executive Director of Health, State Health Society, Bihar, to assess the NLEP program for 2024.
- A state-wide review meeting covering all 38 districts, coordinated with ILEP partners under the chairmanship of the State Leprosy Officer.
- An NLEP Consultants' Meeting in Delhi, chaired by the DDG, Leprosy.



Leprosy Case Detection Campaign (LCDC) 2024

- The State-Level Core Team, including the NLEP Consultant, played a key role in planning, implementing, and monitoring the Leprosy Case Detection Campaign (LCDC) held from September 19 to October 2, 2024, across all 38 districts of Bihar.
- The Consultant actively supported the state-level workshops for Additional Chief Medical Officers (ACMOs) and DNT members, conducted in collaboration with ILEP partners and WHO under the chairmanship of the State Leprosy Officer.



During the campaign:

- 2,339 new leprosy cases were confirmed (PB: 1,295 | MB: 1,044).
- 19 new Grade 2 Disability (G2D) cases were identified.
- The Consultant personally visited four districts to oversee monitoring and supervision at both block and district levels.

Success Story

Successful Disability Certification Camp in Motihari

On January 2, 2024, the Damien Foundation India Trust (DFIT) team visited the Secondary-Level Referral Center (SLRC) to discuss implementing a referral system for issuing disability certificates in the district. During their visit, they engaged in an in-depth discussion with the District Nucleus Team (DNT) regarding challenges in the disability certification process.

To address these concerns, the DFIT team, along with the DNT, visited the offices of the Additional Chief Medical Officer (ACMO) and the Civil Surgeon (CS) to advocate for a special disability certification camp for Grade II disability patients with 40% or higher disabilities. The Civil Surgeon agreed to the initiative and instructed the ACMO to issue an official letter for organizing the camp. Following this, the necessary documentation was prepared and submitted for approval.

On January 4, 2024, the Civil Surgeon officially approved the camp, scheduling it for January 11, 2024, at Sadar Hospital, Motihari. The DFIT team immediately mobilized efforts, coordinating with the Community Social Worker (CSW) and the District Nucleus Team to inform eligible patients about the upcoming camp.

Despite logistical challenges, the collaborative efforts of all stakeholders ensured a well-organized event. On January 11, a total of 139 patients attended the camp, where orthopedic and ophthalmic surgeons meticulously verified their disabilities. Every patient was confirmed to have a Grade II disability with 40% or more impairment, making them eligible for disability certification.

The issuance of these certificates was a life-changing moment for the beneficiaries, granting them access to essential government benefits and services. The overwhelming gratitude of the patients underscored the significance of the initiative.

The success of this disability certification camp highlighted the power of teamwork, proactive planning, and community engagement in addressing critical issues faced by people with disabilities. The DFIT team's dedication, along with the cooperation of the DNT, CSW, and medical professionals, ensured a meaningful and impactful outcome for the community.



2nd Disability Certificate arrange in the Month of oct 2024 Patients Attended 50.

Success Story

A Young Girl's Triumph Over Leprosy and Stigma

A 10-year-old girl from Rohtas began experiencing multiple skin lesions and a Type 1 lepra reaction three months before visiting the Sasaram Secondary-Level Referral Center (SLRC). Her family initially sought treatment from local doctors in Sasaram and Banaras, relying on medications and ointments. However, without Multi-Drug Therapy (MDT), her condition worsened.

As the lesions spread and she developed pain and abnormalities in her right ulnar nerve and fingers, her family realized the severity of her illness. A local doctor referred her to the Primary Health Center (PHC) in Sheosager, which then directed her to Sasaram SLRC for specialized care

Battling Stigma and Seeking Hope

Living in a joint family of 14-15 members, her mother hid the illness, fearing social stigma and isolation. Worried that her daughter might be shunned, she hesitated to seek proper care. However, growing concerns led her to Sasaram SLRC, hoping for a definitive solution.

SLRC's Intervention and Recovery

The SLRC team, recognizing the urgency, started a steroid regimen and provided counseling and physiotherapy support. Her mother, initially apprehensive, committed fully to the treatment plan, ensuring regular medication and therapy sessions.

Gradually, her condition improved—the pain subsided, finger abnormalities resolved, and skin lesions healed. The fear and stigma that once overshadowed their lives transformed into relief and gratitude.

A Lesson in Awareness and Timely Care

Her story underscores the importance of early intervention, proper medical care, and family support in overcoming leprosy. It highlights how healthcare professionals and awareness efforts can combat stigma and restore not only health but also dignity and confidence.



Before Treatment



After Treatment

Success Story

Transforming Leprosy Care in Sheikhpura, Bihar

In 2020, Sheikhpura, a small district in Bihar with a population of 848,980, faced significant challenges in leprosy management. With only three Paramedical Workers (PMWs) across six Primary Health Centers (PHCs) and an untrained Health Educator, Mr. Pramod Kumar, the healthcare system struggled to provide adequate care.

Recognizing this gap, the Damien Foundation India Trust (DFIT) stepped in as a technical support partner, conducting institutional and on-the-job training to strengthen healthcare workers' skills. Field visits provided hands-on guidance, leading to the establishment of a Secondary Level Referral Centre (SLRC) after two years of continuous support.

To further enhance capacity, DFIT organized a five-day institutional training at Rudrapura and a one-day session for Primary Care Nodal Persons, refining diagnosis, treatment, reaction management, and reporting systems. These interventions significantly improved patient care and detection rates:

- 2021-22: 88 new cases detected
- 2022-23: 138 new cases detected

DFIT also managed 25-30 reaction cases annually, facilitated 14 successful Reconstructive Surgeries (RCS), and helped patients access disability benefits. Strengthening home visits further improved follow-up care and timely referrals.

A major validation of this progress came when the Central Leprosy Division (CLD) evaluated Sheikhpura's leprosy program and found it highly satisfactory. A key figure in this transformation was Mr. Pramod Kumar, who, despite initial inexperience, emerged as a dedicated leader in improving leprosy care.

Sheikhpura's journey exemplifies how training, technical support, and committed health workers can revitalize healthcare systems, setting a benchmark for leprosy management in Bihar and beyond. This success story highlights the power of partnership, education, and perseverance in combating leprosy.



CHHATTISGARH

Strengthening the Referral System for Leprosy Management

In collaboration with the State Health Society and the National Leprosy Eradication Programme (NLEP), the Damien Foundation India Trust (DFIT) has launched strategic initiatives to strengthen the referral system across 12 districts in Chhattisgarh. These efforts focus on enhancing the technical capacity of healthcare personnel and establishing a well-coordinated referral network that connects primary health facilities with specialized referral centres.



The primary objectives of this initiative are to:

- Improve the early detection and management of presumptive leprosy cases.
- Ensure timely intervention for complications to prevent the progression of disease leading to disabilities.
- Promote home-based self-care for individuals affected by leprosy, empowering them with essential skills for long-term management.
- Strengthen access to specialized deformity correction surgeries through an effective referral system.

To achieve these goals, district hospitals and specialized facilities such as The Leprosy Mission (TLM) Hospitals in Champa and Baithalpur, as well as RLTRI (Regional Leprosy Training & Research Institute), Raipur, have been identified as key treatment centres for managing leprosy-related complications. These facilities provide medical care through inpatient and outpatient services, including the treatment of lepra reactions, neuritis, and reconstructive surgeries for individuals with deformities.



Capacity Building and Training Initiatives (2024)

Recognizing the critical role of healthcare workers in early diagnosis and effective management, DFIT has prioritized comprehensive training programs for medical professionals at various levels. In 2024, DFIT teams successfully trained:



- 160 Medical Officers, equipping them with advanced skills in leprosy diagnosis, treatment, and complication management.
- 143 NLEP key staff, strengthening their technical knowledge and ability to oversee program implementation at the district level.
- 1,107 healthcare workers, including Staff Nurses, Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs), to enhance their ability to identify, report, and manage leprosy cases in the community.

Impact of Strengthened Referral & Training Systems



The improved technical capacity and referral mechanisms have resulted in:

- A higher number of leprosy reaction cases being reported in 2024 compared to 2020. This increase is not necessarily due to a rise in actual cases but rather a direct outcome of improved identification skills among healthcare workers.
- More efficient management of nerve damage and other complications, reducing the risk of permanent disabilities.
- Better coordination between health facilities and referral centres, ensuring that patients receive timely and appropriate care.

Through these initiatives, DFIT continues to play a pivotal role in leprosy control and disability prevention, contributing to the broader goal of leprosy elimination and improved quality of life for affected individuals.



DPMR services provided 12 districts, Chhattisgarh in 2024

12 districts, Chhattisgarh	DPMR Services		
Number of reaction cases monitored by teams and found to be on regular treatment	707 / 735 (96%)	No. of trainings conducted	52
Number of disability persons monitored by teams and found to be practicing self care regularly	2424 / 3401 (71%)	No. of participants attended	1410
Total POD camps conducted	30	No. of PHCs meetings attended	33
No. of leprosy affected persons attended during POD camps	526	No. of staff sensitised	358

Detection and Management of Leprosy Reaction Cases (2024)

In 2024, the Damien Foundation India Trust (DFIT) teams conducted extensive field visits across multiple districts, identifying 69 new patients experiencing lepra reactions. To prevent further complications and disabilities, they promptly initiated appropriate medical treatment and ensured that each case was reported to the respective health facilities for continuous care and follow-up.

To maintain consistent monitoring and treatment adherence, DFIT teams:

- Coordinated with local health facilities to facilitate uninterrupted patient care.
- Provided technical guidance to healthcare staff on managing lepra reactions and nerve damage.
- Conducted regular follow-ups through a combination of physical visits and telephonic check-ins to track patient progress and address emerging complications.

Key Findings & Treatment Outcomes

- 13 of the newly identified reaction patients had already developed Grade 2 Disability (G2D) at the time of detection, highlighting the importance of early intervention in preventing disability progression.
- 139 out of 141 patients successfully completed a full course of steroid treatment.
- Remarkable improvement in G2D recovery: Among the 26 patients diagnosed with G2D in 2023, 23 (88%) achieved complete recovery, demonstrating the effectiveness of early intervention, structured treatment, and rehabilitation efforts.

Impact of DFIT's Intervention

The proactive detection, timely treatment, and structured follow-up of lepra reaction cases by DFIT have resulted in:

- Improved early identification of nerve damage and lepra reactions.
- Reduced disability progression, enabling better long-term outcomes for affected individuals.
- Enhanced access to specialized care, ensuring that patients receive appropriate treatment at the right time.
- Increased G2D recovery rates, reinforcing the effectiveness of integrated medical and rehabilitative care.

Through these dedicated efforts, DFIT continues to play a pivotal role in leprosy management and disability prevention, ensuring better health outcomes and improved quality of life for individuals affected by the disease.



Success Story

A Journey of Hope: Mrs. Gita Bai Patel's Story

Mrs. Gita Bai Patel, a 55-year-old resident of a village in Kharsia block, Raigarh District, began experiencing tingling sensations and weakness in her right hand about a year ago. Unaware of the cause, she sought private treatment for five months. However, as her condition worsened, leading to the development of a claw hand, she was referred to Civil Hospital Kharsia. There, she was diagnosed with MB Leprosy and Silent Neuritis and immediately began treatment.

During a community field visit, a social worker and DNT staff met with Mrs. Patel at her home. They provided guidance on self-care, demonstrating daily activities and passive exercises to aid in her recovery. She also received counseling to better understand her condition and the importance of ongoing care.

By the end of her treatment, Mrs. Patel showed remarkable improvement. Her muscles regained normal function, and she is now free from disability. Grateful for the support of DFIT and NLEP staff, she is happily living with her family and has resumed her daily routine as a homemaker with confidence and ease.



DELHI

Margaret Leprosy and TB Hospital, Southwest Delhi

Leprosy Control Program

Initiation and Early Efforts (1999-2003):

- In 1999, Damien Foundation India Trust (DFIT) launched leprosy control initiatives in Southwest Delhi, recognized as one of the leprosy-endemic districts in the Union Territory of Delhi.
- In 2000, the National Leprosy Eradication Program (NLEP) was integrated into the general health system, marking a shift in approach.
- DFIT played a crucial role in providing technical support, with a trained team focusing on training, monitoring, and supervising government health staff to enhance leprosy control efforts.



Post-2003 Focus on Referral Services:

- Following the withdrawal of the District Technical Support Teams (DTST) in 2003, DFIT refocused its leprosy control activities on diagnosis and treatment through its referral hospital.
- The hospital has continued to provide specialized care for leprosy complications, ensuring effective management of cases that require advanced intervention.



Tuberculosis Control Program

Program Establishment & Expansion (2002-2004):

- DFIT launched its Tuberculosis (TB) treatment services in 2002, initially establishing one TB unit in Southwest Delhi.
- In 2004, a second TB unit was set up in West Delhi, expanding coverage to a population of 1,267,453 people.
- The project successfully set up 10 microscopy centres, including a referral hospital catering to complications related to both leprosy and tuberculosis.
- Each centre is overseen by a Microscopist-cum-Field Worker, with TB Health Visitors deployed in six centres to improve case detection and patient support.

Screening, Case Detection & Treatment Outcomes:

- A comprehensive screening process was conducted for 6,851 presumptive TB cases, leading to the registration of 3,762 cases across all TB types.
- The project achieved a high treatment success rate, with:
 - 88% cure rate among new sputum-positive (NSP) TB cases.
 - 86% cure rate among retreatment cases, indicating strong adherence to treatment protocols.

HIV Screening & Co-Infection Management:

- In collaboration with the government, two HIV testing centres were established.
- 98.3% (3,697 out of 3,762) of TB patients were screened for HIV, with only 12 cases (0.3%) found to be co-infected, highlighting a low prevalence of TB-HIV co-infection in the region.



Nutritional & Socio-Economic Support for TB Patients:

- Nutritional supplements were provided to 33 deserving TB/DRTB (Drug-Resistant TB) patients to support recovery and improve treatment adherence.
- Livelihood support was extended to 11 TB patients, helping them engage in socio-economic activities to sustain their well-being post-treatment.



Impact & Continuing Efforts

Through its integrated leprosy and tuberculosis programs, DFIT has:

- Strengthened referral-based leprosy care, ensuring early detection and specialized treatment.
- Expanded TB diagnosis and treatment services, leading to high cure rates and better patient outcomes.
- Implemented effective HIV screening measures, minimizing the impact of TB-HIV co-infection.
- Provided essential social and nutritional support, addressing broader health determinants for affected individuals.

DFIT continues to collaborate with government health programs to enhance disease control strategies, ensuring sustained impact and improved healthcare access for vulnerable populations in Delhi

Beneficiaries and services provided Two TB Units, Southwest Delhi in 2024

Delhi	Leprosy Services	Delhi	TB Services
Out-patients treated	14599	Respiratory symptomatic treated	14512
Among them skin patients treated	1768	Presumptive TB cases examined	6851
New leprosy cases diagnosed and referred to PHCs	13	Total TB cases registered	3762
Reaction cases managed	13	Total new TB cases registered	3295
Reconstructive Surgeries done	14	Among them new sputum positive cases	845
Minor Surgeries done	00	Sputum conversion rate for NSP cases	685/843 (81%)
In-patients managed	28	Cure rate for NSP cases	773/874 (88%)
Bed days	684	Sputum conversion rate for RT cases	162/191 (85%)
Protective footwear (MCR) provided	00	Cure rate for RT cases	216/250 (86%)
		In-patients managed	25
		Bed days	35

Success Story

Sumitra's Journey to Recovery

Sumitra, a 23-year-old young woman, lives with her parents and brother. Her life took an unexpected turn six years ago when she began losing sensation in her left thumb. Over time, she struggled to grip objects properly and developed blisters, making everyday tasks increasingly difficult.

Despite visiting multiple private hospitals and dispensaries, she found no relief. It wasn't until she moved to Chandigarh, where her brother worked, that she was advised to seek treatment at a government hospital. There, she was diagnosed with MB Leprosy and immediately began treatment. With determination, she successfully completed her therapy in 2019.

Following her recovery, she was referred to the Damien Foundation India Trust in Delhi for deformity correction. Thanks to their expert care, her left thumb was successfully treated, restoring its function.

Today, Sumitra leads a happy and active life with her family. With renewed confidence and improved mobility, she continues to pursue her work. She expresses her heartfelt gratitude to the DFIT team for their unwavering support in her journey to recovery.



JHARKHAND

DPMR activities

For over two decades, Damien Foundation India Trust (DFIT) has been actively engaged in leprosy control efforts within the state, focusing on referral-based tertiary care services to manage complications and prevent disabilities.

Referral Services & NGO Collaboration

- DFIT operates referral hospitals in Amda and Dhanbad, supported by NGO partners, to provide tertiary-level care services, including:
 - Reconstructive Surgery (RCS) for deformity correction.
 - Chronic ulcer management to prevent secondary infections.
 - Comprehensive treatment of leprosy-related complications.
- In 2023, EKFS Germany partnered with DFIT to support project activities in 12 districts, with the primary objective of enhancing accessibility to leprosy referral services by 2025.



The overarching goal is to establish sustainable leprosy referral services across the 12 districts supported by DFIT.

Key Strategies for Strengthening Leprosy Services

A) Strengthening the Referral System

- Primary Leprosy Referral Centres (PLRCs):
 - Strengthening early identification and referral mechanisms for complex cases.
 - Ensuring timely referrals to Secondary Leprosy Referral Centres (SLRCs) or Tertiary Leprosy Referral Centres (TLRCs) to prevent disabilities and manage complications efficiently.
- Tertiary Leprosy Referral Centres (TLRCs):
 - Mobilizing patients with complications from PLRCs and SLRCs to TLRCs for advanced care.
 - Supporting surgeons in conducting Reconstructive Surgeries (RCS) for deformity correction.
 - Addressing socio-economic rehabilitation needs in the next phase to improve quality of life.

B) School-Based Leprosy Screening

- Engaging school health teams to conduct systematic screening of children for leprosy.
- Ensuring early detection and prompt treatment to prevent disability progression.

C) Social Support & Income Generation

- Facilitating access to government social schemes to provide financial support to individuals affected by leprosy.
- Supporting income-generating activities to promote financial independence for those affected.

Field Visits & Disability Prevention Efforts

- DFIT teams conducted visits to 419 health facilities across 12 districts to strengthen disability prevention activities.
- A comprehensive patient examination process was carried out to assess diagnostic accuracy:
 - 1.8% of cases were over-diagnosed.
 - 15% of cases were underdiagnosed, highlighting the need for enhanced diagnostic training.



To address these gaps, Medical Officers and Para-Medical Workers received on-the-job training, improving early case detection and diagnostic precision.

Rehabilitation & Self-Care Promotion



- DFIT teams conducted follow-up visits to 4,247 individuals affected by leprosy-related disabilities.
- Encouragingly, 58% of them consistently practiced self-care, demonstrating improved adherence to disability prevention techniques.
- Throughout the year, 404 cases were identified for deformity correction surgeries, reinforcing DFIT's focus on surgical rehabilitation.

Capacity Building & Training Initiatives

DFIT actively contributed to training programs, imparting knowledge to a wide range of healthcare personnel:

- 707 Medical Officers trained in leprosy diagnosis and management.
- 366 NLEP staff equipped with updated skills in leprosy control.
- 8,795 health staff, including:
 - RBSK doctors
 - Ayush doctors
 - Nurses, ANMs, and ASHA workers

These training initiatives have significantly improved early case detection, treatment adherence, and disability prevention measures.



DPMR services provided 12 districts, Jharkhand in 2024

12 districts in Jharkhand	DPMR Services		
Number of reaction cases taking regular treatment	662/676 (98%)	Number of trainings conducted	222
Number of disability persons practicing self care regularly	2444/4247 (58%)	Number of participants attended	9868
Total POD camps conducted	03	Number of PHCs meetings attended	55
No. of leprosy affected persons attended during POD camps	15	Number of staff sensitised	861

Identification & Management of Leprosy Reaction Cases (2024)

In 2023, Damien Foundation India Trust (DFIT) teams actively identified 40 new leprosy reaction patients during their field visits and promptly initiated appropriate treatment.

Ensuring Comprehensive Care & Follow-up

- Upon identifying new cases, DFIT teams immediately referred to concerned health facilities to ensure continuation of treatment and regular follow-up.
- A structured follow-up mechanism was implemented, involving:
 - Physical visits for direct patient assessment and progress tracking.
 - Telephonic monitoring to provide ongoing guidance and support.

Key Findings & Treatment Outcomes

- 14 patients were found to have already developed Grade 2 Disability (G2D) at the time of diagnosis.
- 70 out of 71 patients successfully completed a full course of steroid treatment, demonstrating high adherence to prescribed medical interventions.
- A significant milestone was observed:
 - 19 out of 24 patients (79%) who were diagnosed with G2D in 2023 achieved complete recovery, highlighting the effectiveness of DFIT's strategy.
- Through proactive case identification, timely intervention, and consistent follow-ups, DFIT continues to strengthen leprosy management and disability prevention efforts, improving patient outcomes across the region.



Before Surgery



After Surgery



Before Surgery



After Surgery

Mid Term Evaluation of DPMR Project supported by EKFS:

In 2023, EKFS Germany partnered with DFIT to implement project activities across 12 districts, aiming to enhance access to leprosy referral services by 2025. The Mid-Term Evaluation of the project took place from October 20 to 26, 2024. Dr. Adolf Diefenhardt, a Health Consultant from Germany appointed by EKFS, conducted the evaluation. He was supported by Dr. Shivakumar, Secretary of DFIT, Dr. Sarbhartha Roy, Chief Medical Adviser, Mr. Gautam Kumar, State DPMR Coordinator, and his team in Jharkhand.

Executive Summary of report:

DFIT (Damien Foundation India Trust) is an Indian non-governmental, accredited private non-for-profit organization, supporting leprosy and tuberculosis services since 1955 and 1998. The co-operation with government programs is carried out in 7 Indian states.



The intervention in 12 (out of 24) districts Jharkhand State (appr. 20 Million people) by DFIT amounts to 140.000 € per year with 75% coming from EKFS and 25% from other foreign sources (DFB, OPM). Rather than directly implementing clinical and public health services, DFIT's contribution is facilitating support to active (mostly government but also non-government) stakeholders, in form of capacity building, improve documentation and data base especially on suspects and disabled persons affected by leprosy, providing clinical expertise for medical complications, advice on treatment of harmful reactions in order to prevent to prevent disability as well as promoting referral for reconstructive surgery in case of need.¹ During the evaluation visit 4 out of 12 intervention districts were visited, as well as 2 tertiary hospitals where reconstructive surgery is done. Empathy and professionalism of DFIT staff emerged during the interaction with patients, government staff and non-governmental stakeholders. EKFS project targets are mostly achieved or well on track. As there are 12 non-intervention districts in Jharkhand State with a comparable size of population and socio-economic pattern, it is very interesting to see already the strong effects of the EKFS input. The project makes a difference! Several indicators show better case detection and case management in the intervention districts. Apart from small observations in the project sites, this evaluation report is evidence to the fact that the EKFS funds are very well invested and targets are reached in a very cost efficient and participatory manner. DFIT can be considered without hesitation an outstanding professional, transparent and well-organized NGO. Conclusively, the EKFS funded DFIT intervention in Jharkhand State is of high quality and relevance. DFIT shows a highly professional approach, maintaining public health and clinical expertise within a complicated and challenging medical, political and socio economical context. Without hesitation, a further funding cycle can be recommended by the consultant – in case funds are available - that could improve services in currently unaddressed areas of Jharkhand State. It would take away the double standard of 12 districts well addressed and 12 districts unaddressed. DFIT staff have proven to be equipped with the necessary expertise and empathy to involve with technical staff and patients in improving and bringing motivation to the fight against a tenacious bacterium.

Success Story

Ramesh's Journey to Healing

In 2018, Ramesh noticed a deep crack forming on his left heel—just another hardship from long hours of walking and working. A village practitioner treated the wound, and for a while, it healed. But by 2022, the problem had worsened, causing persistent pain and discomfort.

Seeking answers, Ramesh consulted a doctor in Chaibasa, where he was diagnosed with leprosy and began treatment. However, as his condition progressed, he turned to Madhusudan Memorial Polyclinic in Saraikela for further care. Recognizing the severity of his foot ulcer, doctors referred him to CSWC, Amda, for specialized treatment.

Arriving at Amda on May 29, 2024, Ramesh carried not just his physical pain but also a deep hope for recovery. Since then, he has received regular ulcer management and counseling, guided by doctors and physiotherapists who have taught him the importance of proper foot care and prevention.

Though the journey is ongoing, Ramesh remains determined, knowing that each step brings him closer to a healthier future.



Before



After

KARNATAKA

Disability Prevention and Medical Rehabilitation Program in 4 districts

Since 2020, Damien Foundation India Trust (DFIT) has been actively implementing Disability Prevention and Medical Rehabilitation (DPMR) initiatives across four districts Bellary, Vijayanagara, Raichur, and Koppal. The program is designed to strengthen the capabilities of healthcare personnel in early identification and management of lepra reactions, ultimately preventing disabilities among newly diagnosed leprosy patients.

Key Objectives & Activities:

Capacity Building of Health Staff:

- Enhancing early detection and management skills for lepra reactions.
- Strengthening disability prevention strategies at healthcare facilities.



Updating Disability Records:

- Systematic revision of the list of individuals affected by leprosy with disabilities in the four districts.

Surgical & Rehabilitation Support:

- Facilitating deformity correction surgeries for eligible patients.
- Providing livelihood support to promote economic stability for individuals affected by leprosy.



Home-Based Self-Care Training:

- Educating patients on preventative self-care practices to slow disability progression and improve quality of life.



Before surgery



After surgery



Before surgery



After surgery

Training & Capacity Building (2024)

In 2024, DFIT conducted extensive training sessions and sensitization programs for key healthcare personnel across these districts:

- 342 Medical Officers trained in leprosy diagnosis, reaction management, and disability prevention.
- 80 NLEP Key Staff received specialized training in case management and patient follow-up.
- 2,514 Health Staff (including nurses, ANMs, and ASHA workers) sensitized on early detection and referral pathways.

Impact & Observations

- A significant increase in both Type 1 and Type 2 lepra reaction cases was reported—double the number recorded in 2019. This increase is attributed to improved diagnostic skills and better reporting by health personnel.
- To ensure quality in diagnosis and adherence to treatment protocols, the DFIT Coordinator personally visited all reaction patients for direct assessment and intervention.

Through systematic training, enhanced surveillance, and structured rehabilitation efforts, DFIT continues to play a pivotal role in leprosy control and disability prevention, ensuring timely interventions and improved patient outcomes across these districts.



DPMR services provided 4 districts, Karnataka in 2024

4 districts in Karnataka		DPMR Services	
Number of reaction cases taking regular treatment	105/107 (98%)	Number of trainings conducted	63
Number of disability persons practicing self care regularly	174/283 (61%)	Number of participants attended	2936
Total POD camps conducted	23	Number of PHCs meetings attended	12
No. of leprosy affected persons attended during POD camps	97	Number of staff sensitised	230

Identification and Management of Leprosy Reaction Cases (2024)

In 2024, Damien Foundation India Trust (DFIT) teams actively identified 25 new leprosy reaction patients during their field visits and promptly initiated appropriate treatment to manage their condition.



Ensuring Comprehensive Care & Follow-up

- Upon identifying new cases, DFIT teams immediately notified the relevant health facilities to ensure continuity of care and systematic follow-ups.
- A structured follow-up mechanism was implemented, involving:
 - Physical visits for direct assessment and patient progress monitoring.
 - Telephonic monitoring to provide continuous guidance and support.

Key Findings & Treatment Outcomes

- 11 patients were already diagnosed with Grade 2 Disability (G2D) at the time of identification.
- 100% treatment adherence: 23 out of 23 patients successfully completed a full course of steroid therapy, ensuring better management of lepra reactions.
- Significant Recovery Rate:
 - Among G2D cases identified in 2023, 5 out of 7 patients (71%) achieved complete recovery, demonstrating the effectiveness of DFIT's intervention strategies.

Through early detection, timely intervention, and rigorous follow-up, DFIT continues to strengthen leprosy management and disability prevention efforts, improving patient outcomes and quality of life.



TAMIL NADU

Anandapuram Rehabilitation Centre, Polambakkam

Damien Foundation's Leprosy Control Initiatives in Tamil Nadu

In 1955, Damien Foundation began its leprosy control efforts in Tamil Nadu, starting with a focused intervention in a village near Chengalpattu. Over the years, the organization has developed a robust network of leprosy care programs, including the Anandapuram Project, which is dedicated to supporting individuals severely affected by leprosy.

One of the cornerstone facilities of DFIT's efforts is the Anandapuram Rehabilitation Centre, located in Polambakkam, Kanchipuram District. This facility, directly managed by DFIT, focuses on providing geriatric care services to leprosy-affected individuals who have no family support, are homeless, or face ostracized from family.

Key Services & Features of Anandapuram Rehabilitation Centre:

- **Basic Necessities:** The centre offers food, shelter, medical care, and even manages the last rites for residents.
- **Accommodation Capacity:** The facility has the capacity to house up to 25 individuals at a time. In 2024, 15 residents benefited from these services.
- **Terminal Care Expansion (2015 Onwards):** Since 2015, the centre has expanded its scope to include terminal care services for individuals referred by Government hospitals, leprosy homes, and DFIT field staff.
- **Emergency Services:** DFIT also provides ambulance services to ensure that residents can be transferred to hospitals for emergency care if needed.

The Anandapuram Rehabilitation Centre remains a critical lifeline for individuals affected by leprosy who are marginalized by society.

Through these initiatives, Damien Foundation India Trust continues to provide comprehensive, sustainable care to leprosy-affected individuals in Tamil Nadu, contributing significantly to their well-being and rehabilitation.



Beneficiaries and leprosy care services provided Polambakkam, Kanchipuram in 2024

Polambakkam	Leprosy care services		
Number of Patients who attended Physiotherapy OPD	1007	No. of beds available	30
Number of new inmates' admissions	4	No. of bed days occupied	4996
Number of inmates deleted (Died, Others)	8	Bed occupancy rate	46%
Number of inmates living end of the year	15		

DISABILITY PREVENTION AND MEDICAL REHABILITATION PROGRAM

Challenges in Leprosy Control

Leprosy control faces significant challenges, particularly in preventing disabilities and halting the progression of existing impairments. Addressing these issues requires targeted interventions and strategies to improve outcomes for affected individuals.

In 2005, the National Leprosy Eradication Programme (NLEP), in collaboration with ILEP, developed guidelines for Disability Prevention and Medical Rehabilitation (DPMR). DFIT has been implementing these activities across 15 districts in Tamil Nadu, employing diverse strategies to address leprosy-related disabilities.

Objectives of the DPMR Program

The DPMR program's primary objective is to strengthen the capacity of general health staff in managing complications associated with leprosy, such as reactions. Key activities include:

- Updating the list of individuals with leprosy-related disabilities
- Identifying and referring candidates for reconstructive surgery (RCS)
- Providing customised footwear
- Facilitating Government entitlements
- Offering socio-economic support

Additionally, DFIT teams engage local community volunteers and family members to monitor and encourage self-care practices, ensuring that individuals maintain their health and well-being. The duration of support is flexible, based on the needs and circumstances within each district.

Key Achievements in 2024

- **Population Supported:** Approximately 6,500 individuals affected by leprosy with disabilities were residing in the 12 districts supported by DFIT.
- **Self-Care Adherence:** Teams visited 900 individuals to assess self-care practices, revealing that 55% were consistently practicing self-care.
- **Footwear Utilization:** 92% of individuals were utilizing protective footwear.
- **Reconstructive Surgery (RCS):** Identification efforts led to 97 eligible cases for RCS, with 43 individuals undergoing surgical correction during the year.
- **Self-Care Training:** 1,548 individuals received self-care training through demonstrations at 99 POD camps organized by Primary Health Centres (PHCs). Support was also provided for obtaining disability certificates where applicable.

Capacity Building and Training

Leprosy Training: DFIT facilitated 36 leprosy training sessions for healthcare professionals, reaching:

- 444 Medical Officers
- 112 NLEP staff
- 853 health staff, including nurses, Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHA workers)



The training focused on the identification and referral of leprosy suspects to health facilities for confirmation and treatment.

Monitoring and Disability Certification

DFIT coordinators assisted NLEP in all districts in Tamil Nadu to assess the disability status of individuals affected by leprosy. They also assisted in the getting of disability certificates for eligible individuals.

DPMR services provided 15 districts, Tamil Nadu in 2024

15 districts in Tamil Nadu	DPMR Support		
Number of reaction cases taking regular treatment	100/101 (99%)	Number of trainings conducted	36
Number of disability persons practicing self care regularly	497/900 (55%)	Number of participants attended	1409
Total POD camps conducted	99	Number of PHCs meetings attended	51
Number of leprosy affected persons attended during POD camps	1548	Number of staff sensitised	5213

Prevention of disability – contribution by teams:

Damien Foundation India Trust teams identified 35 new patients experiencing reactions during their field visits, initiating prompt and appropriate treatment in 2024. Subsequently, the teams effectively communicated with health facilities about the newly identified reaction patients and ensured the initiation of treatment. A meticulous follow-up was conducted through a combination of physical visits and telephonic monitoring. Upon examination, it was noted that 11 of these patients had already developed Grade 2 Disability (G2D). Impressively, 29 out of 29 patients successfully completed the full course of steroids, a critical aspect of their treatment. The teams' dedicated efforts resulted in a noteworthy observation: 4 out of the 5 patients identified with G2D in 2023 (80%) experienced complete recovery.



Before Surgery

After Surgery

SOCIO ECONOMIC REHABILITATION

Livelihood Enhancement Programme (LEP)

Introduction

The Damien Foundation's Livelihood Enhancement Programme (LEP) focuses on empowering persons affected by leprosy through socio-economic rehabilitation. This proposal outlines a project that offers sustainable livelihood opportunities to individuals with leprosy-induced deformities, enabling them to achieve financial independence and social integration.

Objective of the Project

To provide a sustainable source of income for persons affected by leprosy with deformities, thereby promoting financial independence and integrating them into mainstream society.

Project Context

The LEP is part of Damien Foundation's **"Care after Cure"** services, which aim to support persons with leprosy-related disabilities through employment opportunities and socio-economic rehabilitation. Economic empowerment not only improves financial security but also combats self-stigma and promotes social acceptance. The project will focus on supporting young adults and women across seven states in India: Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Karnataka, and Tamil Nadu.

In the year 2024, DFIT successfully offered support to 126 beneficiaries through its Livelihood Enhancement Programme. Of these, 88% (111 individuals) were affected by leprosy, while the remaining 12% (15 individuals) battled TB/DRTB. The support initiatives were diversified, with 80% of beneficiaries aided in starting small businesses, 18% received educational support, one beneficiary was provided housing support for safe shelter under the livelihood enhancement programme and one beneficiary with livestock. Damien Foundation India Trust received OTTO PER MILLE (OPM) FUNDS OF THE WALDENSIAN CHURCH. This project started in January 2023 and ended in 2024. In total, 115 beneficiaries received support from OPM grant.



Details of Support Under LEP and Nutritional Support

STATE	LEPROSY					TB		TOTAL	MALE	FEMALE	TOTAL	NUTRITIONAL SUPPORT
	BUSINESS		EDUCATION	LIVE STOCK	HOUSING	BUSINESS	EDUCATION					
	GENERAL	OPM										
ANDHRAPRADESH	0	9	1	0	1	0	0	11	9	2	11	0
BIHAR	14	22	4	0	0	4	0	44	33	11	44	75
CHHATTISGARH	0	8	1	0	0	0	0	9	8	1	9	0
DELHI	2	0	0	0	0	10	1	13	8	5	13	33
JHARKHAND	0	10	3	0	0	0	0	13	9	4	13	0
KARNATAKA	2	6	1	1	0	0	0	10	8	2	10	0
TAMILNADU	2	12	12	0	0	0	0	26	14	12	26	2
TOTAL	20	67	22	1	1	14	1	126	89	37	126	110
Percentage %	16	53	17	1	1	11	1		71	29		
	70.66		17.5	0.8	0.8	8.7	0.8					



Success Story

A New Beginning: Ravi's Path to Recovery and Hope

Ravi Prakash Kamat was once living a comfortable life with his family. However, everything changed when he developed a persistent cough and fever. Despite undergoing multiple treatments, his condition did not improve. Seeking medical care at private hospitals drained his finances, leaving him struggling to support his wife, two children, and widowed mother. Since 2020, Ravi had been taking tuberculosis (TB) medication, but due to financial constraints, he could not maintain consistent treatment. In 2023, he turned to a government hospital, where doctors conducted a sputum test and diagnosed him with Drug-Resistant Tuberculosis (DRTB).



He was immediately started on the appropriate medication. Recognizing his deteriorating physical and financial condition, a Community Social Worker (CSW) from Damien Foundation visited his home. Through proper counseling, the CSW identified his need for nutritional support, which was then provided to help him regain strength. Seeing his economic struggles, the Damien Foundation also identified him for Livelihood Enhancement Program (LEP) assistance.

With continued treatment, Ravi's health gradually improved. However, he still faced difficulties in meeting his family's daily needs and his children's education expenses. To empower him financially, the Damien Foundation supported him through the LEP initiative by investing ₹25,000 to help him start a small grocery shop. The shop soon began generating a daily income of ₹300 to ₹400, enabling him to provide for his family again. Grateful for the support he received, Ravi now looks forward to a healthier and more stable future. He expresses his heartfelt thanks to Damien Foundation for giving him a second chance at life.



Success Story

Pandati Ruben's Path of Sacrifice, Hope, and Triumph

Pandati Ruben, a 40-year-old father from Markapuram, has spent his life putting his family first. As the only son in a farming family with three younger sisters, he took on responsibilities early, leaving school after 10th grade to support them. In 1999, he left for Hyderabad, hoping to earn enough for his sisters' futures and build a better life.

In Hyderabad, he worked hard as an apprentice at Bharat Electronics, facing daily struggles to make enough livelihood. But when his family needed him back home, he returned, married and took up driving an auto rickshaw to support his growing family. The rickshaw became more than just a vehicle—it was the foundation of his family's stability and dreams. He was determined that his three sons would get the education he never had. Though his eldest son's nursing education was financially challenging, it filled him with pride and hope.

In 2018, His feet began to swell, lose sensation, and develop wounds but he couldn't even feel pain. He visited several private hospitals, spending six to eight lakhs searching for a cure, but his condition only worsened. With no answers and diminishing resources, his life became a cycle of pain and uncertainty.

Finally, in January 2024, a hospital in Guntur diagnosed him with leprosy.



Though treatment started, years without proper care had already caused severe nerve damage and unhealing ulcers. Driving his auto rickshaw his family's only source of income was no longer possible.

Desperate and out of options, Ruben turned to Damien Foundation in Nellore, known for its compassionate care for leprosy patients. He hid his feet in socks and shoes to avoid exposure to others, but DFIT staff noticed his discomfort. With kindness, they encouraged him to reveal his wounds, and treatment began immediately. Though slow and painful, his ulcers started to heal.

By this time, Ruben's finances were in ruins. Unable to work, he had been forced to sell his rickshaw, leaving his family without income and his children's education in jeopardy. Seeing his unwavering dedication to his family, the Damien Foundation stepped in. They helped him open a small grocery shop in his village, giving him a chance to rebuild his life.



Even with this support, Ruben still carries heavy burdens—the debts from years of medical expenses and the dreams of his children's future. But through it all, he remains strong, a father who has given everything for his family.

His story is one of sacrifice, resilience, and hope—a testament to a father's unbreakable love and the power of a community that refuses to let him stand alone.

CONTINUING MEDICAL EDUCATION

Damien Foundation India Trust (DFIT) in agreement with Tamil Nadu Dr. M.G.R. Medical University conducts endowment gold medal exam in Leprosy in medical colleges for the undergraduate (final year MBBS) medical students which comes under the university. Similarly, DFIT also conduct Endowment Prize Gold Medal exam in Leprosy for Sri Ramachandra Institute of Higher Education & Research University, Chennai.

This year the endowment prize exam was held on 29/06/24. Around 26 colleges participated and a total of 740 students got enrolled for the exam. Around 610 students participated in the exam. The answer sheets attended the exam. The answer sheets were evaluated by a panel and among them the students who scored 68% and above were selected for the practical exam. The students from 10 medical colleges were selected and 24 students attended the practical exam, which was conducted on 30th July at Dermatology department, Madras Medical College, Chennai. The university appointed exam coordinator Dr. V. Sampath, Professor & HOD, made necessary arrangements for the practical exam and supervised the exam. DFIT team facilitate the examination and provided certificate of participation and provided travel allowance to students.

The practical answer sheets were evaluated, and the marks obtained in the theory and practical were added to find out the top scorer. Mr. Namicharan. N, Final Year MBBS Students (Reg.No. 520020100635) from Madras Medical College, Chennai have scored the highest mark of 138/200, and his name was recommended for the award to Tamil Nadu Dr. M.G.R. Medical University for awarding the Gold Medal and Certificate during the convocation

Mr. Hemanth Jain (Reg.No. M0120148) of Sri Ramachandra Institute of Higher Education and Research University scored highest marks among their students and his name was nominated to their university for award of leprosy endowment prize gold medal for the year 2024.

Damien Foundation India Trust (DFIT), in collaboration with Tamil Nadu Dr. M.G.R. Medical University, conducts the Endowment Gold Medal Exam in Leprosy for final-year MBBS students from affiliated medical colleges. Similarly, DFIT organizes the Endowment Prize Gold Medal Exam in Leprosy for students of Sri Ramachandra Institute of Higher Education & Research University, Chennai.



Endowment Prize Exam 2024

The 2024 Endowment Prize Exam was held on June 29, 2024, with participation from 26 medical colleges. A total of 740 students enrolled for the exam, and 610 students appeared. The answer sheets were evaluated by a panel, and students scoring 68% and above qualified for the practical exam. Students from 10 medical colleges were selected, and 24 students attended the practical exam, which took place on July 30, 2024, at the Dermatology Department, Madras Medical College, Chennai.

The university-appointed exam coordinator, Dr. V. Sampath (Professor & HOD), supervised the practical exam, while the DFIT team facilitated the examination process, provided certificates of participation, and covered students' travel allowances.

Gold Medal Winners 2024

The final scores were calculated by combining the marks from both theory and practical exams.

Tamil Nadu Dr. M.G.R. Medical University:

- Top Scorer: Mr. Namicharan N. (Final Year MBBS, Reg. No. 520020100635) from Madras Medical College, Chennai
- Score: 138/200
- His name has been recommended for the Gold Medal and Certificate, to be awarded during the university's convocation.

Sri Ramachandra Institute of Higher Education & Research University:

- Top Scorer: Mr. Hemanth Jain (Reg. No. M0120148)
- His name has been nominated for the Leprosy Endowment Prize Gold Medal for the year 2024.



PUBLIC ENGAGEMENT INITIATIVES

Damien Foundation India Trust (DFIT) actively raises public awareness about leprosy and tuberculosis (TB) through tele-calling, social media, and community meetings. This public engagement initiative began in 2010 and has since encouraged individuals to support DFIT's mission.

Those inspired by DFIT's work contribute in various ways—some become volunteers, while others support the cause through donations. Additionally, corporate partnerships are fostered through CSR initiatives.

During this year 2024, DFIT's public engagement program successfully raised ₹74,03,606 from individuals and corporate donors, further strengthening its efforts in combating leprosy and TB.

Individual Engagement:

DFIT engages individuals by identifying philanthropists through tele-calling and face-to-face interactions. As a result, the number of individual supporters grew from 1,455 to 1,507 compared to the previous year. Through their generous contributions, DFIT raised ₹19,53,264 from individual supporters, further strengthening its mission.



Corporate Engagement:

In 2024, eleven CSR companies partnered with Damien Foundation to support leprosy and TB services. As part of this collaboration, DFIT received ₹49,31,000 in CSR contributions from the following companies:



Piramal Enterprises Limited, Global Logistics Solutions India Private Limited, IBA Particle Therapy India Pvt Ltd, Exmar Shipmanagement India Pvt. Ltd, Vermeiren India Rehab Private Limited, AGFA Healthcare India Private Limited, HMSU Rollers (India) Private Limited, Parksons Cartamundi Private Limited, Transindia Real Estate Limited, Sheshasayee Papers and Boards Limited and Shriram Chits India Private Limited.

Events and Campaigns:

Since 2019, DFIT has been running ad campaigns with the support of the Google Ads Grant, which provides \$10,000 worth of Google Ads every month. These campaigns help DFIT expand its reach, strengthen its public engagement program, and enhance awareness about its mission.

This support has also contributed to improving DFIT's website visibility and search engine optimization. Additionally, DFIT has leveraged social media campaigns during festivals and significant occasions to raise awareness and sensitize the public about its social cause.

**Google Ads
Status 2024**

Click: 8.08K
Impression: 106K
CTR: 7.62%
Cost: \$49.8K

Donation in Kind:

DFIT also received generous in-kind support from individuals. Philanthropic donors came forward to assist in-patients by providing essential materials such as groceries, food items, and other necessary supplies for projects in Nellore, Delhi, and Polambakkam.

- The Delhi project received in-kind support worth ₹5,400.
- The Polambakkam project received support worth ₹4,05,440.
- The Nellore project received in-kind contributions worth ₹1,08,502.

In total, DFIT received in-kind support valued at approximately ₹5,19,342 from individual donors, significantly aiding its mission.



Social Media Initiative:

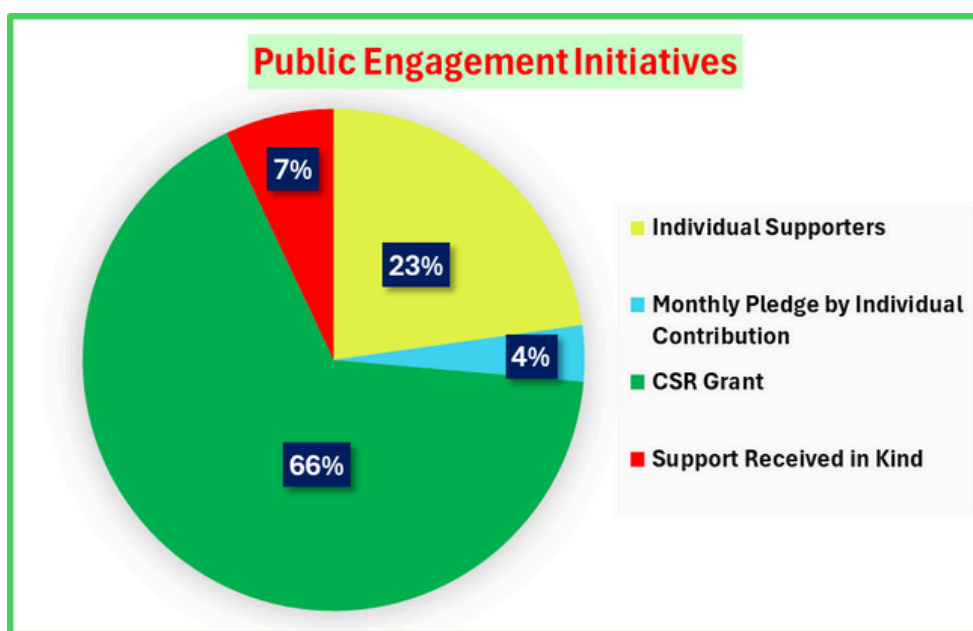
DFIT leverages social media as a key tool for public engagement, regularly providing updates to its supporters, stakeholders, and donors. Through these platforms, DFIT shares impactful stories and insights about its work in the field, increasing awareness and engagement.

This strategic outreach has significantly expanded DFIT's supporter base and enhanced its visibility. The table below highlights DFIT's social media growth and engagement from 2023 to 2024.

S.No	Social media	2023	2024
1	WhatsApp Contacts	2208	2253
2	Facebook Followers	4955	4962
3	LinkedIn Followers	2674	2772
4	Twitter Followers	185	191
5	Instagram Followers	398	451
6	YouTube Subscribers	7323	8188
7	Email Contacts	2135	2180

The table below provides the types and sources of support received through public engagement during the year.

S.No	Public Engagement Initiatives	2023	%
1	Individual Supporters	1686364	23
2	Monthly Pledge by Individual Contribution	266900	04
3	CSR Grant	4931000	66
4	Support Received in Kind	519342	07
Total Donations Worth		7403606	



AWARDS AND RECOGNITION



On January 7, 2025, Mr. Elango Yesu, Project Co-ordinator of Damien Foundation received the best worker award for his work towards leprosy affected persons. The Government of TamilNadu “Director for Welfare of the Differently Abled” department presented the award.



In January 2025, Damien Foundation CSW staff member, Mr. Hemant, received an appreciation award for his service to persons affected by leprosy on the occasion of Republic Day in Raigarh District, Chhattisgarh.



Mr. Francis, Disability Prevention and Medical Rehabilitation Coordinator of Damien Foundation India Trust was honored with Lifetime achievement award for his dedicated work for persons affected by leprosy. This award was given during 150th Anniversary Celebration of “The Leprosy Mission” at TLM Hospital at Dayapuram, Manamadurai in Tamil Nadu, India.

Annexure -1 Hospital Services - Annual Leprosy Report - 2024

Name of the state	Name of the project	Outpatients services											Inpatients services												
		Total number of outpatients treated	Number of new leprosy cases detected						Total number of new grade II disability			Total number of new reaction cases managed		Total number of persons underwent RCS			Others (Septic surgeries & nerve decompression)			Total number of persons provided with MCR footwear	Total number of beds available for leprosy patients	Total number of leprosy patients admitted	Total number of bed days occupied by leprosy patients	Bed occupancy for leprosy [S.No.11/(S.no.9X90days)]*100	
			Adult		Children (0-14 years)		Grand Total			Adult Grade II	Child Grade II	Total	Type I	Type II	Male	Female	Total	Male	Female	Total					
Andhra Pradesh	Nellore	4965	11	49	60	0	1	1	61	19	0	19	29	22	10	1	11	1	1	2	129	17	168	2401	39.2
Delhi	Delhi	14599	1	12	13	0	0	13	4	0	4	11	2	11	3	14	0	0	0	0	0	14	28	684	13.6
Tamil Nadu	Polambakkam	1007																				30	15	4996	46.2
Bihar	Dehri-On-sonne	3759	18	51	69	2	1	3	72	20	0	20	33	17	42	12	54	0	1	1	122	30	146	3290	30.0
	Muzaffarpur														16	17	33	1	0	1					
Total		24330	30	112	142	2	2	4	146	43	0	43	73	41	79	33	112	2	2	4	251	91	357	11371	32

Annexure - 2												Total 4 RCS centres Age and sex wise RCS and Septic surgery report - 2024											
Age wise	Hand RCS			Foot RCS			Eye RCS			Grand total			Septic surgeries										
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total								
0 -13	0	1	1	0	0	0	0	0	0	0	0	0	1	1	2								
14 -20	10	11	21	0	1	1	0	0	0	10	12	22	0	0	0								
21 - 25	14	5	19	1	0	1	1	0	1	16	5	21	1	0	1								
26 - 30	16	7	23	1	0	1	3	0	3	20	7	27	0	0	0								
31 - 40	12	3	15	1	0	1	1	1	2	14	4	18	0	0	0								
41 -54	8	3	11	4	0	4	3	0	3	15	3	18	0	1	1								
55 -65	1	0	1	2	0	2	0	1	1	3	1	4	0	0	0								
> 66	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0								
Total	61	30	91	9	1	10	9	2	11	79	33	112	2	2	4								

Annexure 3 POD Programme Annual report 2024

Name of the State	Name of the districts covered	DPMR Patients Interview							Under treatment cases visit				No. of new cases identified & diagnosed by the team during field visit					No. of New Lepra reaction cases diagnosed by the team during field visit					UT Reaction cases management			Community Vol Interview				POD camps			
		No. of disability persons visited (Cumulative)	No. of persons practicing self care regularly	No. of persons having Foot problem	No. of persons using appropriate footwear	No. of persons identified for RCS	No. of persons referred for RCS	No. of persons done for RCS	No. of patients getting Disability pension	No. of UT Patients visit	No. of cases diagnosed correctly	No. of patients on regular treatment	No. of patients had family history of leprosy treatment	MB	PB	Total	How many G2D	No. of patients had family history of leprosy treatment	Type I	Type II	Neuritis	Total	How many G2D	No. of follow up reaction cases monitored	No. of reaction cases received Prednisolone in time	No. of reaction cases on regular treatment	No. of Community Volunteers interviewed	No. of CVs monitoring DPMR cases once in a month	No. of CVs Identifying and referring Leprosy suspects	No. of Leprosy cases confirmed among the suspects	No. of POD camps conducted	No. of disability persons attended	No. of CSOs/Govt staff/others are attended
Tamil Nadu	Tiruvannamalai	25	11	21	21	2	2	0	20	5	5	5	0	0	0	0	0	0	0	1	1	1	1	1	1	4	4	0	0	0	0	0	0
	Erode	237	141	200	199	16	16	3	182	158	157	2	0	0	0	0	0	2	1	1	4	1	51	51	51	53	53	1	0	0	50	896	544
	Coimbatore	87	35	66	63	6	6	2	49	19	19	0	1	0	1	0	0	2	0	1	3	0	9	9	9	35	35	0	0	0	1	11	8
	Tiruppur	69	30	53	50	4	4	0	50	11	11	2	1	2	3	0	2	0	0	1	1	1	4	4	4	33	27	0	0	1	18	12	
	Dindugul	92	31	76	76	3	3	0	82	10	10	0	0	0	0	0	0	0	1	0	1	1	2	2	2	34	34	0	0	4	95	56	
	Madurai	25	21	25	22	10	10	3	15	1	1	0	0	0	0	0	0	0	0	0	0	0	3	3	3	4	4	0	0	0	0	0	0
	Virudhnagar	22	17	13	13	8	8	6	21	1	1	1	0	0	0	0	0	2	0	2	4	1	1	1	1	3	3	0	0	1	62	6	
	Thanjavur	136	81	112	96	12	12	4	107	7	7	7	2	3	0	3	0	6	1	7	14	7	12	12	11	39	32	0	0	10	117	38	
	Thirunelveli	52	36	47	39	15	15	10	50	1	1	1	0	0	0	0	0	3	0	2	5	1	8	8	7	12	11	0	0	4	81	16	
	Tenkasi	29	21	22	21	8	7	5	27	2	2	2	0	0	0	0	0	0	0	0	0	0	3	3	3	3	2	0	0	8	181	33	
	Sivaganga	47	31	40	30	6	6	6	39	5	5	5	2	2	0	2	0	1	0	0	0	0	4	4	4	12	10	0	1	5	68	22	
Thoothukudi	79	42	71	60	8	5	4	53	5	5	4	2	0	0	0	0	0	1	1	2	0	3	3	3	19	12	0	0	15	19	3		
TOTAL		900	497	746	690	97	695	43	225	225	222	10	7	2	9	0	5	15	4	16	35	11	101	101	100	251	227	1	99	1548	738		

DPMR training and meeting activities annual report - 2024

Annexure - 3 a	District level giving Trainings												Health facilities level Trainings						Meetings					
	Name of the districts	Total No. of Trainings Conducted/ facilitated at PHCs Level	Total No. of Participants Attended					Total No. of Trainings Conducted/ facilitated at HFs Level	Total No. of Participants Attended					Total No. of Meetings Conducted / Attended	Total No. of Participants Attended									
			MOs	NLEP Staff	PHC Staff	Field staff	ASHAs		Others	Total	MOs	NLEP Staff	PHC Staff		Field staff	ASHAs	Others	Total	MOs	NLEP Staff	ANMs	ASHAs	Others	Total
Tamil Nadu	Tiruvannamalai	4	0	38	24	0	0	28	90	1	2	4	9	0	59	0	74	1	0	24	0	0	0	24
	Erode	8	174	15	0	73	0	52	314	7	18	21	104	73	24	5	245	10	5	122	0	16	16	159
	Coimbatore	2	85	23	6	0	0	9	123	1	0	0	0	19	0	0	19	2	0	26	0	0	0	26
	Tiruppur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	22	0	0	0	22
	Dindugul	0	0	0	0	0	0	0	0	4	4	0	0	96	0	100	1	0	21	0	0	0	0	21
	Madurai	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	49	52
	Virudhnagar	3	39	22	41	47	0	1	150	2	1	14	12	6	0	39	72	4	1	4	2	0	150	157
	Thanjavur	2	40	2	24	31	0	11	108	1	1	3	2	24	0	28	20	20	8	20	33	0	2325	2386
	Thirunelveli	1	40	0	0	0	0	0	40	2	2	2	26	24	0	44	98	8	3	25	6	0	325	359
	Tenkasi	2	39	4	37	31	0	0	111	0	0	0	0	0	0	0	0	7	3	12	4	0	244	263
	Sivaganga	2	38	3	20	37	0	0	98	1	2	2	29	24	0	57	12	12	7	6	46	18	3855	3912
	Thoothukudi	1	40	0	0	0	0	0	40	0	0	0	0	0	0	0	0	7	5	5	11	0	354	375
	Total	25	495	107	152	219	0	101	1074	19	30	46	182	266	83	88	693	75	33	288	103	34	7298	7756

Annexure -4

Jharkhand 12 districts DPMR activities annual report at SLRC level -2024

Name of the districts	Total no. of patients attended	No. of PHC/CHC Referred	Mode of Referral						Type of patients							Diagnosis			New Case			UT cases			No. of done EHF score	GAD	G2D	Skin smear taken	Skin Smear result (+ve)	Reaction							Treatment Given			Physiotherapy		Customised Footwear eligibility	Aids & Appliances supplied	MCR Footwear	RCS Eligible	Referred for RCS	Post-operative RCS cases Follow-ups		Referred back to						
			PLRC	TLRC	P.T.Practitioner	ASHA	Passive	Others	Total	Suspect	UT	Reaction	Neuritis	Ulcer	RCS	Disability	Others	Total	New case	Old case	Not a case of leprosy	Total	MB	PB						Total	MB	PB	Total	First time	Follow-up	Total	Neuritis	Recurent	Total	MDT Drugs	Prednisolone						Clofazimine	Self Care		Exercise	Customised Footwear supplied	12-Months	24-Months	PHC / CHC	TLRC
Ranchi	108	4	13	0	0	3	92	0	108	60	49	0	1	1	1	3	1	0	115	47	4	9	60	44	3	47	49	0	49	0	1	0	1	0	1	78	1	0	2	1	0	0	0	1	3	3	0	0	6	0					
Gumla	469	12	7	0	0	64	385	13	469	281	370	68	44	48	2	1	22	0	555	28	61	281	370	19	9	28	59	9	68	43	20	12	0	0	32	96	83	11	36	8	0	2	13	2	3	0	0	12	0						
Lohardaga	198	3	5	0	1	33	136	23	198	116	72	14	18	2	0	15	2	239	36	31	49	116	24	12	36	56	16	72	27	9	11	0	18	107	31	1	19	7	2	0	2	8	0	0	0	9	0								
Simdega	152	2	1	0	0	91	59	1	152	93	54	11	2	1	0	5	1	167	30	20	43	93	16	14	30	38	16	54	16	1	6	0	3	83	12	0	4	3	0	3	4	0	0	0	4	0									
W.Singbhum	170	72	23	1	0	9	133	3	170	152	60	39	6	7	0	0	5	269	33	83	36	152	25	8	33	54	6	60	28	4	19	0	17	84	40	0	20	8	0	10	16	1	0	0	0	65	0								
Sarikela	118	49	57	1	0	2	58	0	118	99	50	35	11	6	15	0	2	218	34	52	13	99	26	8	34	43	7	50	22	4	52	0	16	73	41	11	52	38	0	0	13	21	20	0	0	44	14								
Girdih	74	33	0	3	0	17	34	19	74	63	7	12	7	0	1	0	9	99	50	8	5	63	42	8	50	7	0	7	7	1	9	0	18	19	5	0	11	1	2	0	1	0	1	0	0	31	1								
E.Singbhum	139	30	1	0	2	25	92	19	139	113	30	22	7	5	0	2	3	182	96	11	6	113	73	23	96	27	3	30	8	13	10	1	19	122	22	0	18	6	0	2	3	0	0	0	0	0	36	0							
Deoghar	41	27	19	1	0	2	19	1	42	38	5	6	2	4	0	1	1	57	26	12	0	38	18	8	26	5	0	5	0	1	0	5	27	8	1	5	3	1	0	1	2	0	0	0	0	11	0								
Godda	44	27	12	5	5	1	21	1	45	23	13	14	6	2	1	2	1	62	12	9	2	23	12	0	12	11	2	13	0	2	3	0	8	17	18	1	6	6	0	0	2	1	1	0	0	2	0								
Dumka	22	15	3	1	1	3	14	0	22	20	1	0	3	1	0	1	0	26	17	2	1	20	12	5	17	1	0	1	0	1	0	0	18	1	0	5	4	0	0	1	1	1	0	0	6	0									
Jamtada	58	23	4	0	0	27	24	3	58	58	5	4	2	2	0	0	2	72	42	10	6	58	18	24	42	5	0	5	0	1	1	5	34	7	0	9	6	1	0	0	0	0	0	0	6	0									
Total	1593	297	145	12	11	277	1067	83	1595	1205	414	201	113	33	21	49	26	2061	451	303	451	1205	329	122	451	355	59	414	151	53	128	5	2	142	172	314	126	54	112	22	314	768	269	25	187	91	6	0	20	64	29	29	0	232	15

Annexure -4-a Chhattisgarh, Jharkhand and Karnataka DPMR activities annual report at PHC level -2024

States	Districts	No. of PHCs visited	PHC Visit Record verification Maintained														Adequate stock of MDT available	No. of under treatment Reaction Cases	Availability of Tab. Prednisolone
			No. of Suspects registered	Total No. of GI/Disability Patients In the register	No. of trained person	Suspects Register	Treatment Register	Reaction Register	Disability Register	Monthly Progress reports	MDT Stock Register	Referral Slips	Feed back Slips	Treatment Cards	Prednisolone Card	Patient ID Card			
Chhattisgarh	Mahasamund	17	1340	1244	18	6	17	17	17	17	17	0	0	17	17	17	17	90	17
	Baloda Bazar	17	3986	976	21	14	17	16	16	15	13	1	1	17	26	16	16	76	16
	Rajpur	21	0	1615	31	3	21	21	21	21	19	5	5	21	13	11	21	77	20
	Sarangarh-Bilngarh	8	0	716	15	8	8	8	8	8	8	0	0	8	0	3	8	56	8
	Rajgarh	25	952	2449	51	34	35	34	34	34	35	0	0	35	6	35	35	244	34
	Sakti	5	146	0	5	5	5	5	5	5	5	0	0	5	0	5	5	18	5
	Korba	18	0	203	18	0	14	4	6	11	13	0	0	15	1	14	13	22	12
	Mungeli	10	0	182	13	0	10	8	8	8	9	0	0	9	9	9	10	15	9
	Jangir- Champa	1	0	124	2	0	1	1	1	1	1	0	0	0	0	1	1	3	1
	Blashpur	23	0	440	22	0	19	0	8	11	17	0	0	16	0	17	18	27	9
	GPM	16	0	0	17	0	5	0	1	4	5	0	0	5	0	6	7	8	4
	Durg	13	0	239	14	0	13	7	9	10	7	1	0	10	6	6	10	27	9
	Total		174	6424	8188	227	70	165	121	134	145	149	7	6	158	78	140	663	144
	Jharkhand	Ranchi	48	6583	1607	114	47	48	47	47	48	48	43	3	43	45	48	51	62
		Gumla	26	7304	1149	60	26	26	26	26	26	26	26	9	26	26	26	58	52
		Lohardaga	18	2447	524	46	18	18	18	18	18	18	18	10	18	18	18	56	37
		Simdega	19	3806	755	38	19	19	19	19	19	19	19	11	19	19	19	34	28
W. Singhbhum		45	8204	2110	97	43	45	41	45	45	42	45	12	41	45	45	141	45	
Saraikela		17	3558	1488	40	16	17	17	17	17	16	17	6	16	17	17	93	17	
Giridih		4	483	75	6	4	4	4	4	4	3	4	4	4	4	4	5	4	
E. Singhbhum		16	2119	3270	36	15	16	14	16	16	15	16	5	16	16	16	70	16	
Deoghar		35	7649	3247	52	35	35	35	35	35	35	35	2	35	34	35	94	32	
Godda		13	3944	1004	20	13	13	13	13	13	13	10	0	12	12	12	48	12	
Dumka	14	6004	1239	16	14	14	14	14	14	14	10	0	14	14	14	83	13		
Jamtada	1	379	353	8	4	4	4	4	4	4	4	3	4	4	4	18	4		
Total		259	52480	16821	533	254	259	252	258	259	253	247	65	248	254	258	751	322	
Karnataka	Ballari	102	4036	1361	58	53	53	33	53	53	53	0	0	52	0	0	137	42	
	Raichur	29	1428	447	28	26	27	5	26	27	27	0	0	25	1	0	37	10	
	Koppal	36	1710	495	36	31	33	7	33	33	33	0	0	33	0	0	40	16	
	Vijayanagara	59	2915	966	49	49	49	23	49	49	49	0	0	46	0	0	68	29	
	Total		226	10089	3269	171	159	162	68	161	162	162	0	0	156	1	0	282	97
	Grand Total		659	68993	28278	931	483	586	441	553	566	564	254	71	562	333	398	1696	563

Annexure -4b

Chhattisgarh, Jharkhand and Karnataka DPMR activities cases visited annual report -2024

States	Districts	No. of PHCs visited	Suspects				Under treatment patients visit							New and reaction cases diagnosed by the team										Reaction patients visit			
			No. of suspects in the register (Other than leprosy cases)	No. of Suspects Verified	No. of suspects diagnosis as a Leprosy	No. of Patients UT visit	No. of patients had family history of leprosy treatment	No. of cases diagnosed correctly	No. of patients tested on VMT/ST	No. of patients on regular treatment	Any Health Staff visited last one month	Contact examination Done	No. of new cases identified & diagnosed by the team during field visit			No. of patients had history of leprosy treatment	No. of New lepra reaction cases diagnosed by the team during field visit			No. of reaction patients visit	No. of regular treatment	Assessment done for		Patient Condition			
													MB	PB	Total		Total	Type I	Type II			Total	How many G2D	How many G2D	VMT	ST	Improved
Chhattisgarh	Mahasamund	21	693	9	0	39	9	39	37	27	38	37	0	0	0	0	2	0	2	0	16	15	15	16	0		
	Baloda Bazar	11	1772	35	9	40	5	40	39	25	40	38	4	5	9	3	4	0	4	2	19	19	19	19	0		
	Raipur	26	0	14	6	86	3	86	86	76	86	86	5	1	6	2	4	0	4	1	32	32	32	32	0		
	Sarangarh-Bilimgarh	8	0	0	0	16	0	16	15	11	16	15	5	8	13	0	4	0	4	0	4	4	4	4	4	0	
	Raigarh	40	768	11	4	103	11	95	103	84	103	93	16	20	36	1	18	0	18	1	37	34	37	37	0		
	Sakti	5	63	0	0	10	1	9	5	8	10	8	0	0	0	0	1	0	1	1	0	0	0	0	0		
	Korba	23	0	0	0	52	9	49	12	50	39	50	11	5	16	1	14	2	16	5	16	10	1	1	10	6	
	Mungeli	6	0	9	3	21	0	20	15	17	14	17	2	1	3	0	2	0	2	1	4	4	2	2	4	0	
	Jangir-Champa	6	0	0	0	11	6	11	11	11	11	11	1	1	2	1	1	0	1	1	6	5	1	1	5	1	
	Bilashpur	20	0	0	0	38	7	38	31	37	28	37	8	1	9	2	4	2	6	0	12	10	5	5	9	3	
	GPM	13	0	0	0	32	4	32	2	31	20	31	10	9	19	2	7	6	3	9	1	1	2	0	0	1	0
	Durg	12	0	12	2	32	4	32	29	30	27	32	0	2	2	0	2	0	2	0	13	13	12	12	13	0	
	Total	191	3296	90	24	480	59	467	382	453	369	476	62	53	115	12	24	62	7	69	13	160	148	128	128	150	10
Jharkhand	Ranchi	54	5955	46	16	56	4	53	33	5	53	14	3	17	0	1	2	1	3	3	24	22	24	24	23	1	
	Gumla	31	7021	76	7	26	6	28	22	0	28	3	3	6	0	1	0	0	0	1	7	7	7	7	7	0	
	Lohardaga	22	2037	44	10	23	5	23	23	2	22	8	1	9	1	0	3	1	4	1	4	4	4	4	4	0	
	Simdega	19	3601	126	10	13	5	13	13	3	13	6	3	9	4	0	2	0	2	0	5	5	5	5	4	1	
	W.Singhbhum	62	7143	122	0	221	46	217	214	157	157	207	24	7	31	6	3	26	2	28	5	89	88	89	89	88	1
	Saraikela	20	2658	44	0	83	35	83	81	67	69	78	5	3	8	0	4	2	0	2	1	34	34	34	34	34	0
	Giridih	6	402	9	0	18	1	16	16	1	1	18	0	0	0	0	0	0	0	0	5	5	4	4	5	0	
	E.Singhbhum	22	1451	41	1	59	17	58	58	39	39	56	3	4	7	0	1	1	0	1	0	22	22	22	21	22	0
	Deoghar	47	5768	39	12	87	16	85	81	60	58	85	2	1	3	0	0	0	0	0	0	37	36	36	36	36	1
	Godda	14	2158	14	13	44	15	42	35	32	29	42	0	1	1	0	0	0	0	0	3	18	17	17	17	18	0
	Dumka	21	3645	38	11	55	9	53	40	24	23	51	0	0	0	0	0	0	0	0	0	30	30	26	26	30	0
	Jamtada	20	1948	45	15	82	12	82	80	66	67	81	1	0	1	0	1	0	0	0	0	27	27	27	27	27	0
	Total	338	43787	644	95	767	171	753	723	550	453	734	66	26	92	11	11	36	4	40	14	302	297	295	294	298	4
Karnataka	Ballari	102	3473	582	90	109	25	109	109	109	109	55	35	90	2	7	9	3	12	2	64	64	64	64	64	0	
	Raichur	29	1209	116	12	63	18	62	63	63	58	7	5	12	2	0	5	0	5	2	15	15	15	15	15	1	
	Koppal	36	1468	90	13	49	9	49	49	49	49	8	5	13	2	2	3	2	5	1	9	9	9	9	9	1	
	Vijayanagara	59	1348	172	47	40	13	34	34	34	34	7	24	18	3	5	3	3	3	6	19	17	17	17	17	0	
	Total	226	7498	960	162	261	65	254	252	255	254	250	77	69	133	9	14	20	8	25	11	107	105	105	105	100	2
Grand Total		755	54581	1694	281	1508	295	1474	1258	1076	1460	205	148	340	32	49	118	19	134	38	569	550	528	527	548	16	

Chhattisgarh, Jharkhand and Karnataka DPMR activities cases visited annual report -2024

Annexure - 4c

States	Districts	No. of PHCs visited	Number Disability patients Visited	Any Health Staff visited at least once in last 3 Months	Self Care										POD camps			
					Practising Self Care	Is Self Care materials available?	Practicing Exercises	Number having planter anaesthesia or ulcer or G2	Using Appropriate Footwear	Number need customised Footwear	Eligible for RCS	Willing for RCS	Disability Certificate Issued	Receiving Disability Pension	Total No. of POD camps conducted	Total No. of patients attended	Total No. of CSOs/ Vol/ Govt staff/ others are attended	
Chhattisgarh	Mahasamund	25	47	25	37	46	36	22	22	1	3	2	4	3	1	11	23	
	Baloda Bazar	16	61	57	27	61	16	39	39	1	2	2	10	10	5	54	86	
	Raipur	26	45	24	35	43	30	33	27	1	3	1	2	2	5	92	142	
	Sarangarh-Bilimgarh	17	22	19	19	20	18	11	9	2	3	1	0	0	2	30	9	
	Raigarh	47	92	84	87	87	85	60	55	2	4	2	7	9	11	256	73	
	Sakti	8	10	10	10	10	10	7	7	0	0	0	0	0	0	0	0	
	Korba	23	74	38	35	41	35	21	18	2	12	7	8	6	3	43	24	
	Mungeli	10	19	15	3	18	3	9	7	0	0	0	2	2	0	0	0	
	Jangir- Champa	8	17	11	11	14	11	9	5	0	1	0	0	0	0	0	0	
	Bilashpur	19	24	20	20	21	19	8	6	0	4	0	0	0	0	0	0	
	GPM	17	36	34	22	22	21	25	23	1	2	0	1	1	0	0	0	
	Durg	12	16	14	7	16	4	4	9	0	0	0	2	2	3	40	57	
	Total		228	463	351	313	399	288	253	227	10	34	15	36	35	30	526	414
	Jharkhand	Ranchi	32	55	14	52	48	51	46	29	8	13	11	16	13	0	0	0
		Gumla	13	25	16	25	25	24	18	11	5	4	4	11	11	0	0	0
		Lohardaga	12	18	22	18	18	17	14	11	4	5	5	4	2	0	0	0
		Simdega	11	17	18	16	16	16	11	13	2	3	3	3	3	0	0	0
W.Singhbhum		61	173	122	109	117	81	102	101	17	33	6	41	35	1	5	6	
Saraikela		25	109	79	76	72	59	69	66	11	30	15	18	18	2	10	15	
Giridih		5	15	5	12	15	10	10	10	10	2	3	1	1	0	0	0	
E. Singhbhum		24	72	36	50	54	45	39	39	7	22	8	24	20	0	0	0	
Deoghar		50	109	81	63	63	61	41	41	3	19	4	25	25	0	0	0	
Godda		14	36	33	21	21	21	12	11	2	4	1	7	8	0	0	0	
Dumka		17	26	26	16	16	16	10	10	2	6	3	5	5	0	0	0	
Jamtada		21	51	41	28	28	28	32	29	4	5	1	21	21	0	0	0	
Total		285	706	493	486	493	429	404	371	67	147	62	176	162	3	15	21	
Karnataka	Ballari	102	111	107	67	89	16	66	66	1	17	17	88	84	10	43	135	
	Raichur	28	36	36	21	28	5	20	20	0	3	3	21	19	2	7	18	
	Koppal	36	74	74	39	60	16	34	33	0	24	23	51	46	6	24	107	
	Vijayanagara	59	76	75	57	69	9	46	52	1	9	8	64	63	6	25	46	
	Total		225	297	292	184	246	46	166	171	2	53	51	224	212	24	99	306
Grand Total		738	1466	1136	983	1138	763	823	769	79	234	128	436	409	57	640	741	

Annexure -4d Chhattisgarh, Jharkhand and Karnataka DPMR training and meeting activities annual report - 2024

State	Name of the districts	District level giving Trainings											Health facilities level Trainings											Meetings												
		Total No. of Trainings Conducted/ facilitated at PHCs Level	Total No. of Participants Attended						Total No. of Trainings Conducted/ facilitated at HFs Level	Total No. of Participants Attended						Total No. of Meetings Conducted / Attended	Total No. of Participants Attended																			
			MOs	NLEP Staff	PHC Staff	Field staff	ASHAs	Others		Total	MOs	NLEP Staff	PHC Staff	Field staff	ASHAs		Others	Total	MOs	NLEP Staff	ANMs	ASHAs	Others	Total												
Chhattisgarh	Mahasamund	1	4	9	0	0	0	53	10	76	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	5	6	4	18	
	Baloda Bazar	0	0	0	0	0	0	0	0	0	0	5	7	15	42	91	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4	55	9	20	90	
	Raipur	17	12	42	6	263	0	20	343	0	0	14	26	62	262	490	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sarangarh-Bilingarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	4	2	0	3	12		
	Raigarh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	10	12	4	4	10	40		
	Sakti	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	4	5	0	1	8	18		
	Korba	3	37	3	6	34	0	8	88	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	3	0	2	1	9		
	Mungeli	2	16	8	24	22	1	15	86	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	17	2	21		
	Jangir-Champa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	14	0	0	0	14		
	Bilashpur	3	41	10	2	39	0	16	108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	0	4	10		
	GPM	2	15	1	7	13	1	0	37	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	7	4	25	0	37	73		
	Durg	0	0	0	0	0	0	0	0	0	0	5	2	16	11	7	31	24	91	0	0	0	0	0	0	0	0	3	2	7	15	12	17	53		
	Total	28	125	73	45	371	55	69	738	24	35	24	35	70	59	72	108	328	672	33	34	59	108	51	106	358										
	Ranchi	5	69	27	47	9	0	17	169	11	1	2	0	0	0	0	0	0	1330	7	24	91	0	0	17	132										
	Gumla	11	24	18	90	184	0	5	321	0	0	0	0	0	0	0	0	0	0	2	0	26	0	0	0	26										
	Lohardaga	7	9	16	93	71	0	7	196	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
	Simdega	5	9	11	31	102	0	8	161	4	4	4	5	0	0	154	0	145	0	3	6	23	0	0	2	31										
	W.Singhbhum	5	23	33	0	109	0	26	191	4	4	4	4	4	6	229	4	203	4	6	6	80	0	0	17	103										
Saraikela	9	31	21	59	226	0	32	369	1	0	2	1	0	170	0	173	0	173	6	12	73	0	0	16	101											
Giridih	4	13	14	0	36	0	7	70	0	0	0	0	0	0	0	0	0	0	1	1	12	0	2	15												
E. Singhbhum	13	74	23	108	191	0	13	409	0	0	0	0	0	0	0	0	0	0	3	4	20	0	13	3	40											
Deoghar	10	117	16	0	162	0	43	338	8	2	8	0	0	372	4	386	4	386	2	2	16	0	0	3	21											
Godda	5	34	18	0	80	0	26	158	0	0	0	0	0	0	0	0	0	0	1	1	8	0	0	9												
Dumka	8	34	23	81	80	0	28	246	1	1	2	72	0	0	77	1	4	2	1	4	2	0	0	16	22											
Jamtada	10	34	15	27	90	30	47	243	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0												
Total	92	471	235	536	1340	30	259	2871	29	12	23	79	8	2217	10	2349	10	2349	32	60	351	0	13	76	500											
Ballari	9	114	19	66	289	95	93	676	20	19	20	51	225	560	90	965	90	965	7	20	15	29	42	29	135											
Raichur	1	1	6	0	0	0	0	7	9	6	4	21	44	69	12	156	12	156	1	1	1	3	28	3	36											
Koppal	3	79	6	0	0	0	55	140	7	8	5	16	42	128	22	221	22	221	4	3	4	14	26	12	59											
Vijayanagara	5	90	10	0	55	52	55	262	9	25	10	28	251	125	70	509	70	509	0	0	0	0	0	0	0											
Total	18	284	41	66	344	147	203	1085	45	58	39	116	562	882	194	1851	194	1851	12	24	20	46	96	44	230											
Grand Total	138	880	349	647	2055	232	531	4694	98	105	132	254	642	3207	532	4872	532	4872	77	118	430	154	160	226	1088											

Annexure - 5a Bihar 28 districts DPMR activities annual report at PHC level -2024

Quarter	No. of PLRC	Monthly Progres Reports Available	Treatment Register	Reaction Register	Disability Register	MDT Stock Register	No. of Cases Referred to SLRC/TLRC through Referral Forms (From Jan - Till Date)							No. of Cases Received from SLRC/TLRC through Feedback Forms	Patient Information Card Available	Adequate Stock of MDT Available	Adequate Stock of Tab. Prednisolone Available
							Suspect	Child cases detected	Child cases referred	Ulcer Care	Neuritis /Reaction	RCS	Others				
I	46	30	47	39	41	38	93	45	3	14	3	4	110	47	39	38	
II	88	61	87	73	71	78	139	67	9	38	9	6	193	84	66	64	
III	165	112	149	119	120	119	311	97	10	66	14	14	356	158	140	128	
IV	128	89	115	95	98	93	197	76	14	35	21	16	190	122	119	116	
Total	427	292	398	326	330	328	740	285	36	153	47	40	849	411	364	346	

Bihar 28 districts DPMR activities cases visited annual report -2024

Annexure - 5b	Bihar 28 districts DPMR activities cases visited annual report -2024																																	
	Quarter	No. of the of PLRC visited			Under Treatment Patients Visit			Contact Examination (Team)				No. of New Cases Identified & Diagnosed by the Team During Field Visit				No. of New Leprosy Reaction Cases Identified by the Team During Field Visit						Reaction Patients Visit				Self Care Activities								
		No. of UT cases	No. of correctly diagnosed	No. of on Regular Treatment	No. of Had Family History of Leprosy Treatment	No. of Contacts	No. of Contacts Examined	No. of MB Cases Detected	No. of PB Cases Detected	Received Patient Information Card	MB	PB	Total	No. of G2D	No. of had Family History of Leprosy Treatment	Type I	Number of Type-I with Neuritis	Type II	No. of Type-II with Neuritis	Neuritis	Total	No. of new G2D	No. of UT Reaction Patients Visit	Diagnosed Reactions Correctly	Reaction Treatment Given Correctly	Taking Regular Reaction Treatment	No. of Disability Patients Visited	Practising Self Care	No. of patient having foot disability/Ulcer	Using Protective Footwear	Number Need Customised Footwear	Number Using Customised Footwear	Eligible for RCS	RCS Done
I	46	132	132	121	21	1192	179	2	0	115	4	9	13	1	0	8	2	1	0	8	19	6	36	36	35	33	80	53	33	15	15	50	12	32
II	88	140	140	133	37	1003	144	2	0	125	5	10	15	5	0	10	5	2	0	9	26	6	32	31	30	52	39	23	8	8	33	5	23	
III	297	247	244	222	62	1945	489	20	5	210	12	11	23	1	0	8	9	1	0	13	31	15	72	71	69	161	117	76	40	40	101	37	78	
IV	128	281	269	265	68	2268	394	6	5	240	21	16	37	6	0	9	5	10	1	18	43	10	77	76	71	150	107	63	48	48	103	43	76	
Total	559	800	785	741	188	6408	1206	30	10	690	42	46	88	13	0	35	21	14	1	48	119	37	217	215	203	443	316	195	0	111	0	287	97	209

Bihar 28 districts DPMR training and meeting activities annual report - 2024

Annexure - 5c

Quarter	2 Days Trainings Conducted at district Level		One Day Trainings (Referral)							One Day Trainings Conducted at PHCs Level				District level NLEP Meetings Attended									
	Total No. of Trainings Conducted	Total No. of Participants Attended				Total No. of CME Conduct	Total No. of Participants Attended						Total No. of Meetings Attended	Total No. of Participants Attended			Total						
		Mos	Physiotherapists	NPs	Others		Dermatologist	Ophthalmologist	Orthopedic	Physiotherapist	Others	Total		MOs	NLEP Staff	NPs		Others	Total				
I	0	0	0	0	0	4	3	5	4	7	0	19	2	0	7	23	2	18	26	58	93	24	201
II	0	0	0	0	0	6	5	6	6	4	0	21	1	1	5	3	10	17	3	68	67	8	146
III	2	0	24	0	49	16	9	16	22	24	0	71	18	18	64	170	30	31	107	106	244	223	680
IV	0	0	0	0	0	3	6	2	2	6	0	16	9	16	58	68	3	26	268	134	87	37	526
Annual	2	0	24	0	49	29	23	29	34	41	0	127	30	35	130	266	38	92	404	366	491	292	1553

Annexure -6 Involvement of Community Social Workers (CSWs) in DPDR Programme - 2024				
Parameters	Jharkhand	Bihar	Chhattisgarh	Total
Total No. of districts covered	5	22	9	36
Total No. of CSO/Vols involved	6	14	8	28
No. of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	3594	18457	3759	25810
No. of Persons affected by leprosy with disabilities deleted from the list	32	471	147	650
No. of Persons affected by leprosy with disabilities added to the list	286	425	391	1102
No. of Persons affected by leprosy with disabilities at the end of the quarter/annual	3848	18411	4003	26262
No. of Persons affected by leprosy with disabilities visited during the quarter/annual	3541	3723	2938	10202
No. of persons with plantar ulcers (among Patients visited)	709		459	1168
No. of practising self care	1958	1532	2111	5601
No. of them required foot wear	1698	1534	1180	4412
No. of them wearing appropriate foot wear	1555		1004	2559
No. of patients having Disability Certificate.	1115	1657	291	3063
No. of patients receiving Pension.	914	2085	234	3233
No. of patients identified for RCS.	257	568	65	890
No. of patients RCS done	70	76	24	170
No. of referred to hospital/PHC for any problems	96	210	63	369
Total No. of persons identified for LEP support during quarter/annual	46	168	45	259
Total No. of persons received LEP support during quarter/annual	10	65	12	87
No. of LEP beneficiaries monitored during quarter/annual	164	91	109	364
No. of suspects referred to PHC for diagnosis during quarter/annual	219	134	365	718
No. of leprosy cases confirmed during quarter/annual	159	108	188	455
No of Under treatment patients visited	1221	287	1645	3153
No. of Under treatment patients taking regular treatment	1210	263	1617	3090
No. of reaction patients visited	374	91	575	1040
No. of reaction patients taking regular treatment	365	55	559	979

Projects annual TB report- 2024

Annexure- 7

Name of the State	Name of the Project	Total No. of suspects examined	Total No. of sputum positive patients registered	Total No. of TB patients registered	Total No. of new TB patients registered	Among them NSP TB patients registered	Total No. of all re-treatment TB patients registered	Sputum conversion rate for NSP patients	Sputum conversion rate for RT patients	Cure rate for NSP patients	Cure rate for RT patients	Total No. of beds for TB/DR TB patients	Total No. of TB patients admitted	Total No. of bed days occupied by TB/DR TB patients	Bed occupancy for TB patients
Andhra Pradesh	Nellore	1309	92	80	66	46	14	98%	100%	98%	100%	7	44	44	2
Delhi	Delhi	6851	1306	3762	3295	845	467	81%	85%	88%	86%	3	25	35	3.2
Total		8160	1398	3842	3361	891	481	90%	93%	93%	93%	10	69	79	2.6

Annexure - 8 Bihar District Consultancy Team DR TB Annual report - 2024

District	Name of the Health Facilities/TU visited				Total number of patients visited		Total number of patients on DOT				sputum follow ups		Irregular patients		Defaulter patients		High Risk patients		Complication Mngagement				Treatment supporter visited				Nutritional support				
	H-Mono/Poly DRTB	Shorter MDRTB Oral / Inj Regimen	All oral Longer M/XDRTB	Total	H-Mono/Poly DRTB	Shorter MDRTB Oral / Inj Regimen	All oral Longer M/XDRTB	Total	% of patients on DOT	Total sputum follow up exam expected	Total sputum follow up examination done	Irregular DRTB patients motivated	Irregular DRTB patients retrieved	Defaulter DRTB patients motivated	Defaulter DRTB patients retrieved	Total Number of High Risk Patients	Total Number of High Risk patients Visited	Total Number of Complication Patients	Total Number of Complication Patients Visited	Total Number of Complication Patients managed	Total Number of Complication Patients referred	No. of Treatment Supporter visited	No. of Treatment supporter functioning correctly	%	Treatment supporter arranged by team	Number of patients identified for Nutritional Support	Number of Patients provided Nutritional Support	Number of patients follow-up visit done with Nutritional support	No. of patients receiving Nutritional support regularly	No. of patients taking regular treatment	
Darbhanga	1	5	44	50	0	3	32	35	70.0	4	2	2	1	3	2	27	27	2	2	2	1	3	2	67	4	2	2	3	3	3	
Saharsa	0	8	14	22	0	2	12	14	63.6	6	6	0	0	0	0	6	2	5	3	3	4	4	50	0	0	0	0	2	2		
Madhubani	1	12	42	55	0	8	13	21	38.2	8	5	1	1	0	0	12	12	3	2	2	3	8	13	2	3	3	2	2	2		
Supaul	0	3	15	18	0	3	9	12	66.7	2	2	1	0	1	0	8	8	0	0	0	0	3	100	0	1	0	2	2	2		
Madhepura	0	2	22	24	0	2	13	15	62.5	4	1	3	3	0	0	9	9	1	1	1	0	1	100	0	2	2	4	4	4		
Total	2	30	137	169	0	18	79	97	57.4	24	16	7	5	4	2	62	58	11	10	8	8	19	9	47.4	6	8	7	13	13	13	

Annexure - 8a

Bihar NTEP training and meeting activities annual report - 2024

State	District	District level giving Trainings						Health facilities level on the job Trainings				Health Facilities level Trainings					District level Meetings (NTEP)										
		Total No. of Trainings Conducted/ facilitated at PHCs Level	NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	Total No. of Trainings Conducted/ facilitated at HF Level	MOs	NTEP Staff	CSO Staff	Others	Total	Total No. of Meetings Conducted / Attended	NTEP Staff	ANMs	ASHAs	Others	Total	Total No. of Meetings Conducted / Attended	MOs	NTEP Staff	HIV Staff	Others	Total	
Bihar	Darbhanga	0	0	0	0	0	0	4	0	17	3	0	20	0	0	0	0	0	0	0	0	4	6	73	6	18	103
	Saharsa	1	8	5	0	0	2	3	0	8	0	0	8	0	0	0	0	0	0	0	0	3	3	34	0	9	46
	Madhubani	0	0	0	0	0	0	7	5	16	6	0	27	1	2	55	22	0	0	0	79	7	9	201	67	26	303
	Supaul	0	0	0	0	0	0	2	1	3	0	0	4	0	0	0	0	0	0	0	0	1	1	20	0	3	24
	Madhepura	0	0	0	0	0	0	5	11	17	22	7	57	0	0	0	0	0	0	0	0	2	8	39	1	13	61
	Total		1	8	5	0	0	2	21	17	61	31	7	116	1	2	55	22	0	0	79	17	27	367	74	69	537

Annexure - 9 Delhi DR TB cases registered and out comes from 2010 to 2024

Particulars	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MDR TB Cases registered	19	31	88	43	58	59	46	70	103	147	150	197	191	184	160
12 months Culture Conversion	14	13	64	38	32	20	38	46	65	98	101	155	155	94	15
Cured	14	19	40	28	28	24	26	40	57	98	101	150	155	94	15
Completed	0	2	5	1	2	6	4	4	6	9	6	10	3	6	0
Defaulter	0	2	20	8	5	8	7	12	20	19	7	15	19	16	7
Died	3	3	17	4	11	8	3	8	7	9	17	11	10	7	2
Treatment Reg Changed														3	1
Failure /(Reg. Change)	1	5	3	1	11	9	3	4	9	10	17	10	1	2	0
Transfer Out	1	0	3	1	1	4	3	2	4	2	2	1	3	2	0
Still under treatment														54	135
Total outcome cases	19	31	88	43	58	59	46	70	103	147	150	197	191	184	160
Treatment success rate	74%	68%	51%	67%	52%	51%	65%	63%	61%	73%	71%	79%	81%		

Annexure 10

Annual report 2023

Diagnostic and follow up samples processed at DTRC Nellore - Andhra Pradesh

District	Tuberculosis Follow up samples received and inoculated in L-J media		Tuberculosis Diagnosis samples			1st line Line Probe Assay						2nd line Line Probe Assay					
	Total	Culture positive	Total	Smear Positive	Smear Negative	Total	Inconclusive	Both Sensitive RIF & INH	Resistant			Total	Inconclusive	Both Sensitive	Resistant		
									RIF	INH	RIF & INH				FLQ	SLID	FLQ & SLID
Annamayya			1440	833	607	833	8	751	4	56	14	74	2	66	4	0	2
Nellore			2005	1449	556	1449	10	1259	13	129	38	180	4	162	13	0	1
Kadapa			2421	1276	1145	1276	20	1132	7	100	17	124	2	116	2	3	1
Tirupati			2028	1527	501	1527	10	1364	13	119	21	153	2	136	13	1	1
Chittoor			1189	673	516	673	11	608	4	46	4	54	1	49	4	0	0
Total			9083	5758	3325	5758	59	5114	41	450	94	585	11	529	36	4	5

Annexure 11

Annual report 2023

Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar state.

District	Follow up samples received and inoculated in Liquid/Solid media				CBNAAT			1st line LPA				2nd Line LPA							
	Total	Smear Positive	Smear Negative	Culture positive	Total	MTB detected	RIF - resistant	Total	Inconclusive	Both Sensitive	RIF	INH	RIF & INH	Total	Inconclusive	Both sensitive	FLQ	SLID	FLQ & SLID
Darbhanga	468	34	434	26	350	87	11	713	50	505	15	41	102	170	20	95	51	0	4
Madhubani	809	66	743	38	114	19	5	805	45	564	16	64	116	213	26	104	71	2	10
Saharsa	53	2	51	0	5	0	0	90	9	66	3	7	5	14	3	7	4	0	0
Supaul	108	19	89	12	11	0	0	150	8	111	4	12	15	54	4	37	11	2	0
Madhepura	109	6	103	2	3	0	0	229	6	200	5	13	5	25	2	18	3	2	0
Samastipur	441	29	412	21	23	5	1	424	16	287	12	55	54	144	19	75	48	1	1
Muzaffarpur	643	78	565	51	3	2	1	579	15	397	10	43	114	205	8	101	93	0	3
Sitamarhi	605	47	558	37	9	3	0	1006	69	784	9	64	80	171	19	92	57	1	2
Sheohar	94	10	84	6	0	0	0	30	1	23	0	1	5	9	2	4	3	0	0
Total	3330	291	3039	193	518	116	18	4026	219	2937	74	300	496	1005	103	533	341	8	20

GLOSSARY

DFIT	Damien Foundation India Trust
DTRC	Damien TB Research Centre (a facility in Nellore and Darbanga for diagnosis, management and research in MDR TB)
FCRA	Foreign Contribution Regulation Act
GHS	General Health Staff
HIV	Human Immunodeficiency Virus
HF	Health Facilities
IEC	Information Education and Communication
ILEP	International Federation of Anti-leprosy Associations
INR	Indian Rupees
INH	Isoniazid
IP	In patient
LEP	Livelihood Enhancement Programme (a socio-economic rehabilitation programs implemented by DFIT assisted projects)
LJ	Lowenstein–Jensen
LPA	Line Probe Assay
LT	Laboratory Technician

GLOSSARY

MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber (Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot)
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
MTB	Mycobacterium Tuberculosis
NGO	Non-Governmental Organization
NLEP	National Leprosy Eradication Programme
NSP	New Sputum Positive (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
NTEP	National Tuberculosis Elimination Programme
OPD	Out patient Department
PA	Public Announcement system
PAL	People Affected by Leprosy
PB	Pauci Bacillary Leprosy
PHC	Primary Health Centre (The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population)

GLOSSARY

PMDT	Programmatic Management of Drug Resistant TB
POD	Prevention of Disability (Important component of leprosy control aimed at preventing the occurrence and management of disability)
RMP	Rural Medical Practitioner
RIF	Rifampicin
RNTCP	Revised National TB Control Programme
RCS	Re-Constructive Surgery
STLS	Senior TB Laboratory Supervisor
STO	State TB Officer (Programme Officer in a State in-charge of TB control)
STS	Senior TB Supervisor
TB	Tuberculosis
TBS	Tuberculosis Supervisor
TU	Tuberculosis Unit
WHO	World Health Organization
XDR TB	Extensively Drug Resistant Tuberculosis

Our Mission Supporters



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